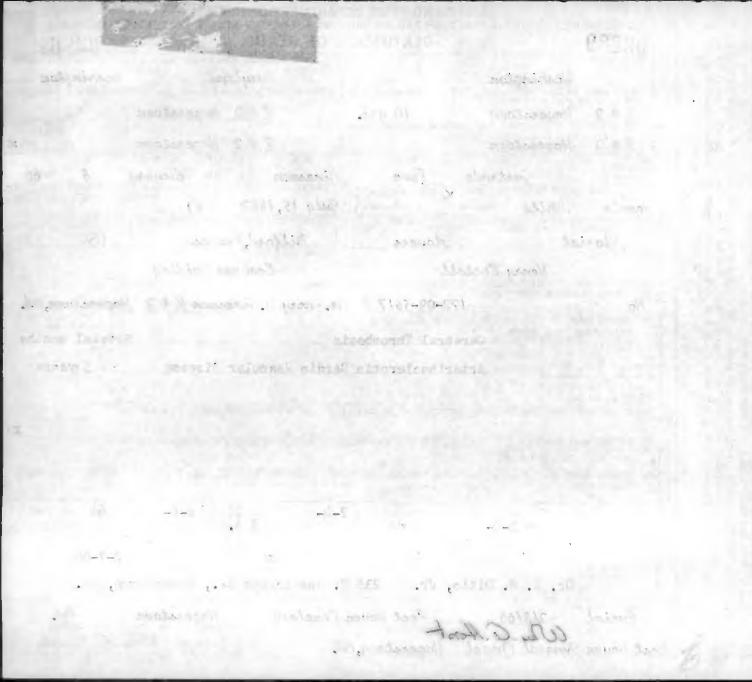
VR A15 (4) 2DM 1/65

	MARYLAND S	TATE DEPA	RTMENT	OF HEALTH	PARTY AND PROPERTY.	
DIVISION OF STATISTIC	AL RESEARCH AND	RECORDS, 3	01 W. PREST	TON STREET,	BALTIMORE 1	, MARYLANI
02889	CER	TIFICATE	OF DEAT	TH	(70) - TO	11900

ı	12883		CERTIFIC	ALE OF DEATH	Market Market	112	867
	1. PLACE OF DEATH			1 2. USUAL RESIDEN	ICE (Where deceased lived,	If institution: Resident	ce before admission)
	a. COUNTY	Washington	2 MARYLAI	ND a. STATE Ma	ryland b.	COUNTY Washie	ngton
	b. CITY OR TOWN write RURAL	N (if outside corporate fi			f outside corporate limit:	s, write RURAL and g	(Ive nearest town)
	R#2	Hagerstown	1 10 yrs	Ri	# 2 Hagerstu	own 21	-/
	d. NAME OF HOS	PITAL OR INSTITUTION (I	if not in hospital, give street add	ress) d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
1	R#2	Hagerstown	1	R	# 2 Hagerste	own	YES NO X
	3. NAME DF DECEASED	First	Middle	Last	4. DATE A	Month Day	y Year
	(Type or print)	Gertr		Airesman	DEATH Jebru		19 66
	5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	last birthe	ears IF UNDER 1 YEAR day) Months Days	
V	Female	44111000	NIDOWED DIVORCED [] July 15, 188	82 83 yr	rs.	
		ION (Give kind of work done ing life, even if retired)	e 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	County & State, or foreign co	ountry) 12, CITIZEN COUNTR	
	3601	rist	Howers		d.Kansas	USA	
	13. FATHER'S NAMI			14. MOTHER'S MAII			
Ì		Henry B		Ba	rbara Faidle	4	
		VER IN U.S. ARMED FORCE (If yes give war or dates of sen		17. INFORMANT		ddress	
-	No		172-09-5617	7 Mr. Harry D.	Airesman R#	2 Hagers	town Md.
	18. CAUSE OF D	SEATH [Enter only one ca	nuse per line for (a), (b), and (c).				ERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (2)_	Cerebral Thromb	nsis		Several	
	422	DUE TO					
	Conditions, If a	any, which } (b)	Arterioscleroti	c Cardio Vascu	lar Disease	5	years
	gave rise to cause (a), st						
	underlying causi						
ı	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(a) 19.	. WAS AUTOPSY PERFORMED?
	ICA					Y	ES NO K
	CONTRIBUTI	WAS UNDERLYING THE CAUSE OF DEATH		OCCURRED. (Enter nature o	of injury in Part i or Part	II of Item 18.)	
		TIFY MEDICAL EXAMINER			401	200-1-1	(Ohaha)
	20c. TIME OF I Hour a,m	NJURY Month, Day, Year	r 20d. INJURY OCCURRED 20d	e. PLACE OF INJURY (Home, f factory, street, office bldg., i	farm, 20f. (City or tow etc.)	(County)	(State)
	₩ p.n		at work at work				
			I) attended the deceased from		19.66, to 2-5-		
		ceased alive on 2-5	19_66, and	d that death occurred at&	3_A_M, from the cau		
	22a, SIGNATUR	150/5	- X	ATTENDING -	MED STAFF	22b. DATE S	
	DUNG OLD	1 100 4	Ma 7.	M.D. PHYS.	DIRECTOR PHYS.	2-7-66	5
	22c. PHYSICIAI NAME (Ty	D8)	71	22d. ADDRESS	- C. U	act 16d	
	23a. BURIAL, CREM			5 W. Washingto	on St., Hager		(State)
	REMOVAL (Spe	eclfy)	100 . 1.		fa a	.,	Md
	24. FUNERAL DIREC		L ADDRESS	<u>)en ('emetery</u> 25å. RE	EC'D BY REGISTRAR 25b	. REGISTRAR'S SIG	
		Wky-Cl	. Non	2. Md. DAFEE!	B 1 0 1966	Alianto C	Judak
6	Rest Haven	i juneral (no	apel Hagerstown	La TILLA	10 1300	1	



		part.	1	
ĺ	1	-	A	Y
	(B	A	
	1	-	-	4
7	S	20		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificale be executed within 24 hours after death. Page 4 may be retained by the liospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funer director, page 3 should be detached for use as the burial-transit permit. Then pletse equipose carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in My event, within 72 hours after deat

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02890 CERTIFICAT

	UF	Ш	CAIL	1					RAD	Un	
2.	USU	AL.	RESIDEN	CE (Where	deceased	lived,	If	Institution:	Residence	before	admission)
	a. S	TA1	TE			b.	CO	YTAUC			

a. COUNTY					a. STATE	ICE (Where dece	b. COUN		Hospice Detore	agmission)
	WASHING	GTON	MARYL		M	ARYLAND		W.	ASHING	
b. CITY OR TOV	VN (If outside corporate and give nearest town	limits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (f outside corp	orate limits, wri	e RURAL a	nd give near	rest town)
HAGERST	'OWN		$1\frac{1}{2}MOS$.		HAGE	RSTOWN			21-1	1
d. NAME OF HO	SPITAL OR INSTITUTION	(if not In hos	pltal, give street ac	idress)	d. STREET ADDRESS	S			e. IS R	ESIDENCE A FARM?
WASHINGT	ON COUNTY HO	OSPITAL			237 S. M	ULBERRY	STREET		YES	7 47
3. NAME OF DECEASED	Fire	st	Middle		Last	4. DATE	Month		Day 1	Year
(Type or print)	JAMES		DAVID		ALLEN	DEATH	FEBRUAR		23 1	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9,	AGE (In years I last birthday)	FUNDER 1	YEAR IF UND	
MALE	WHITE	MIDOMED	DIVORCED		AUG. 4. 18	82	83 yrs.	MUITUIS L	ays nour	S MIII.
10a. USUAL OCCUPA during most of worl	TION (Give kind of work d	one 10b. KIN	D OF BUSINESS OR USTRY		11. BIRTHPLACE (County & State,	or foreign country)	12. CIT	IZEN OF WH	AT
RETIRED	MILLER		AN FACTORY		DEANSBORO.	N.	YORK Ji		U.S.A	
13. FATHER'S NAM	AE				14. MOTHER'S MAI	DEN NAME	-			
	WILLIAM A	ALLEN			MARY BR	ODIE				
	EVER IN U.S. ARMED FOR	CES? 16. SC	CIAL SECURITY NO.	17.	INFORMANT		HARdize	MOTO	, MD.	
NO NO	(11 yes give war of Gates bi		1-09-3049	ME	S. LOUISE	AT.T.EN	237 S. M	II.BER	RY ST.	
	DEATH [Enter only one				W. LOULDE	A BANKALIA .	271 00 12		INTERVAL 8	BETWEEN
	EATH WAS CAUSED BY:	Mar			noma of t	ha lun			Month	
11.3	IMMEDIATE CAUSE (-/	minal oa	101	поша от с	He Tul	5		THORE	15
Conditions, If	any, which \									
gave rise to	Immediate	b)		_						
cause (a), s underlying cau	stating the	c)								
	SIGNIFICANT CONDITION		ING TO DEATH BUT N	OT RELA	TED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN P	ART 1(2)	19. WAS	AUTOPSY
CAT									YES T	ORMED?
E 2Da. ACCIDENT	WAS UNDERLYING	20b. DE	SCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature o	of Injury In Par	t I or Part II of	Item 18.)	1 .50	110 1
PART II. OTHER 2Da. ACCIDENT OR CONTRIBUT (IF EITHER, NO	ING CAUSE OF DEATH	ER)								
	INJURY Month, Day, Yo		URY OCCURRED 12	De. PLA	SE OF INJURY (Home, 1	arm. 20f. (0	City or town)	(Coun	ty)	(State)
Hour a.	m.	While -	Not While		ry, street, office bldg.,		,	10000	3,	,,
	m. 19		at work	0	70	-66	0/00	//		
	fy that (1) (this hospi	tal) attended	the deceased fr	om_Z	12	1966, to_			1, that (1)	
saw the de	000000 01110 011	4-10	19_0.0/j, al	nd that	death occurred at	AM, Iroi	m the causes a		e date state	ed above.
ZZu. Glanno	- X	Lot 4	Wash	(M.D	ATTENDING X	MED. DIRECTOR	STAFF PHYS.		3/1966	
22c. PHYSICIA		-			22d. ADDRESS				112700	
NAME (T	HOWARD I	WEEKS	M.D.		580 NORTI	HERN AVI	E. HAGE	RSTOWN	N. MD.	
23a. BURIAL, CREM REMOVAL (Sp	MATION, 23b. DATE TH	TEREOF	23c. NAME OF CE	METERY	OR CREMATORY	23d. L00	CATION (City, toy			(State)
BURIAL (Sp	FEB. 2	5,1966	ROSE HIL	I. CH	METERY	HAGE	RSTOWN.	MARY	LAND	
24 FUNERAL DIR		2,-,	ADDRESS	4			TRAR 25b. RE			
Charles So	tough	HAGE	ERSTOWN M	ARVI	AND DALEAS	7 1 10	es oct	ianela	Onedas	5

5 (4) 1/65 VR AIS

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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	DIVISION 02891	N OF ST	ATISTIC	MAR AL RESE	ARCH AND		PARTMENT , 301 W. PRE E OF DE	STON)RE 1, M	IARYLA	ND 86	0
	PLACE OF DEATH a. COUNTY Washing				N	1ARYLAND	a. STATE	20	(Where dec	eased lived, if ir b. COU	NTY	esidence be		
	b. CITY OR TOW write RURAL Hagers	N (if outside and give no	earest town	limits,	c. LENGTH OF		c. CITY OR TOV	WN (If o	utside cor	porate limits, w	rite RURAL	and give	neares	t town)
	d. NAME OF HOS Washin	SPITAL OR II			iospital, give str	et eddress)	d. STREET ADD		and S				ON A F	DENCE ARM?
	NAME OF DECEASED (Type or print)	Edit	Fir		Mav	9	Lest Bain		4. DATE OF DEATH	Feb.	th B	Day	Yea 19	66
	Female	6. COLOR	OR RACE	7. MARRIEC	-11	RRIED E	7/19/70	TH.	9.	AGE (In years last birthday) O 5 yrs.	Months		UNOER lours	Min.
0a ur	I USUAL OCCUPATING MOST of Work		nd of work d n If retired	one 10b. Hom	CIND OF BUSINES		Clear			of foreign counts	CC	TIZEN OF DUNTRY? S.A.	WHAT	
3.	FATHER'S NAM Martin	Luthe	m Do	ard			14. MOTHER'S	MAIDE						
15 Ye	. WAS OECEASED I	EVER IN U.S. (If yes give w	ARMED FOR ar or dates of	CES? 16	SOCIAL SECURIT		INFORMANT			Addre			M.a	
		ATH WAS C	er only one	cause per	line for (a), (b), a remia ac	nd (c).]	njimen	201	Tiday	r nage	rsto	INTERV ONSET	AND I	

_	410/4432		The state of the s	***
	18. CAUSE OF DEATH [Enter		se per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET, AND DEATH
		CAUSE (a)	Uremia acute 3	weeks
	Conditions, If any, which gave rise to immediate	DUE TO (b)	Hypertensive Arteriosclerotic Heart Disease	20 years
	cause (a), stating the	DUE TO		
	underlying cause last.	(c)		
ATION	PART II. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
2			None	YES NO X
CERTIF	20a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	YING DEATH EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury in Part I or Part II of Item 18.	

(IF EITHER, NOTIFY MEDICAL EXAMINER

20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (County) TIME OF INJURY 20d. INJURY OCCURRED (City or town) Month, Day, Year Hour a.m.

While at work Not While at work 19 p.m.

21. I certify that (I) (this hospital) attended the deceased from December saw the deceased alive on February 07 1966 and that death occur Leb. 08 1966 that (I) (we) last and that death occurred at 35 And from the causes and on the date stated above. 22a. SIGNAFORE 22b. DATE SIGNED

ATTENDING PHYS.

oper PHYSICIAN'S NAME (Type) Archie Robert Cohen, M.D.

OATE THEREOF

23b.

MED. DIRECTOR 22d. Clear Spring, Maryland

M

NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. ul Wash

STAFF PHYS.

(State)

Feb 09, 1966

Cemetery St. P. 255 REC'D BY REGISTRAR AG, Md. DATE EB 14 1968

M.D.

23c.

Clear Spring,

MEDICAL

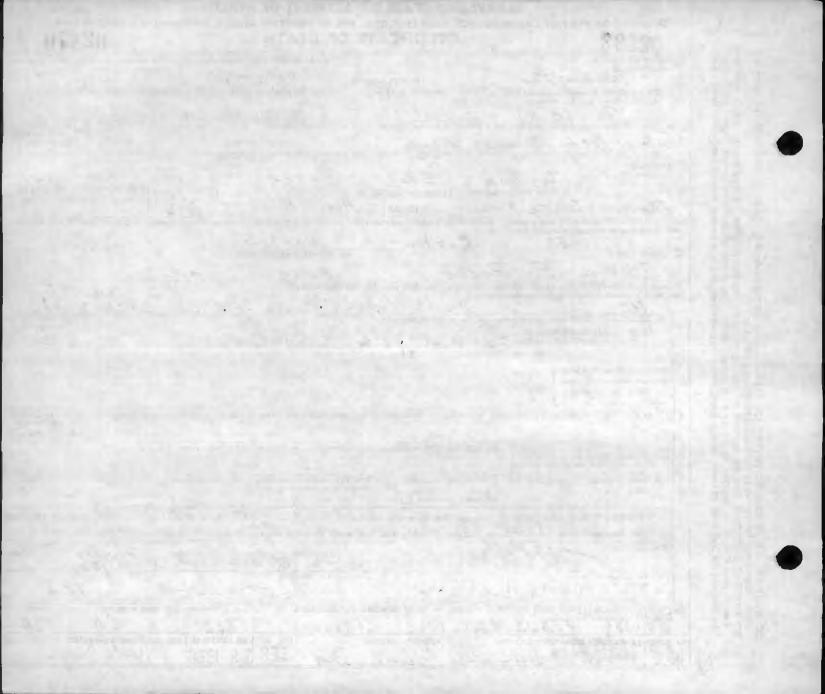
BURIAL, CREMATION, REMOVAL (Specify)

PURTI DIRECTOR

VR A15 (4) 15M 4-64

Profession Traffic appropriate and the second companies and the second companies and the second companies are second companies. Date to the state of the state 1 / 2 L/ L The state of the s a car quarter to the property of the property a part of the difference of the season of th . 5

2	MARYLAND STATE DEPARTMENT OF HEALTH	
	OPROP. CERTIFICATE OF DEATH	02870
1	PLACE OF DEATH a. COUNTY b. COUNTY c. STATE As a mile of the deceased lived, if institution, a. STATE as a mile of the county c. STATE as	Residence before edmission
X _	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and	EDERICK
	write RUKAL and give nearest fown)	PAL 10 -
30	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?
3	TARRICY REEDY MEMORIAL HOME NAME OF First Middle Last 14, DATE Month	Day Yeer
	DECEASED	19 1966
5	Male White WIDOWED DIVORCED April 5 1874 9. AGE (In yeers lift UNDER) Months	YEAR IF UNDER 24 HRS. Deys Hours Min.
16		TIZEN OF WHAT COUNTRY
	MININISTER QUERGY MARYLAND 4. FATHER'S NAME	15A
	William F. Baker Mary T. Case	
	S. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address M Address	D 82
-	NO NONE MRS CARROLL WARFIELD UNION	
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) OND AUTOM ATTEMPT OF THE PROPERTY OF THE PROPERT	ONSET AND DEATH
	4000 DUE TO	1
	Conditions, if eny, which are rise to immediate cause	•
ı	(a), stelling the underlying DUE TO	,
2	ceuse lest. [c] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART.	
CATIC		YES NO
CERTIFICATION		
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (Country a.m. p.m. 19 al work et work	unty) (State)
	Clark 10 16 GA	66, that (I) (we) la
	saw the deceased alive on 19.00, and that death occurred at 1.1.M, from the causes' and on t	he date stated above
	ATTENDING MED. STAFF PHYS. PHYS. PHYS. 1/9	1/66 SIGNE
1	22c. PHYSICIAN'S NAME (Type) G. W. Levan Boonelon,	ma.
2	BEMOVAL (Specify) FED 30 1911 100 FED 30 1911	(Stote)
2.	BURITIL FEB 22, 1966 LOCUST GROVE FREDERICK C	SIGNATURE
7	DA Hartzler & Sons debertytown Med Jake B 23 1966 goliande	Judge
6.7	//	W.



Clear Spring,

Washington

6

12. CITIZEN OF WHAT

U.S.A.

COUNTRY?

Clear

e. IS RESIDENCE

ON, A FARM?

Year

19

NO

66

Vo.

Spring

WAS AUTOPSY PERFORMED? NO L

(State)

that (I) (we) last

(State)

YES

DATE SIGNED

(County)

1966

22b.

INTERVAL BETWEEN ONSET AND DEATH

VR A15 (4) 15M 4-64

TANK TO THAT THE A THE TOTAL TO \$2320 DO THE STEEL · e · · · and the second second second second man production of the state of matter manufactures and the contract of the co Tall State and the second control of the sec MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0289	4		CERTIFI	ICATE	OF DEATH			0°C72
C	PLACE OF DEATH a COUNTY Washingt			MARYL	LAND	o. STATE Maryland	Was	มหา shington	
) NWOT RO YT) d write RURAL and Hagerato	lf outside carparate mits d give nearest town) WN		t LENGTH OF STAY IN	v 15	(CITY OR TOWN (If our Hagersto	tside corporate limits, write i	(URAL and give r	nearest town)
		al or institution (if no on County H				d. STREET ADDRESS 29 High	94		e. 15 RESIDENCE ON A FARM? YES NO X
3 1	NAME OF DECEASED (Type or print)	Clyd	st	Middle Victor	Bar	lost	4 DATE MO	onth	Doy Year
S. S		6. COLOR OR RACE White		NEVER MARRIED DIVORCED		DATE OF BIRTH	9. AGE (In years last birthday)	1F UNDER 1 Y	
danı	ng most af warking Labor	(Give kind of wark dane life, even if retired)	INT	ND OF BUSINESS OR DUSTRY inting		11 BIRTHPLACE (County Millstone	& State, or foreign country) Md		ZEN OF WHAT NTRY? S. A.
		• Barnhart				Daisy M	anning		
IS. (Ye:	WAS DECFASED EVE is, na, or unknown) Yes	R IN U.S. ARMED FORCES? (If yes give war ar dates a' W. W. Two	service)	ociał security no. 6 <u>– 1.4– 575</u> 0	_	FORMANT Irs. Doris	H. Barnhart,	Hager Hager	St. stown, Md.
	PART I. DEA' 446 Canditians, if any rise to immediat stating the under last.	e couse (a), rlying cause	(a) TO (b) TO	Corelm Hypper Hap	ten	demontres	esus	sure	INTERVAL BETWEEN ONSEI AND DEATH STATEMENT
CERTIFICATION							NOTION GIVEN IN PART 1(0)		19 WAS AUTOPSY PERFORMED? YES NO
L CERTIF		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY OC	EURRED, (E	inter noture at injury in	Part I ar Port II of item 18.)		,
MEDICAL	Haur oa	m. 19	While at work	Not While at wark	focto	OF INJURY (Home, farn ry, street, office bldg., etc.		,	,
	saw the d	eceased alive an	pital) attend	led the deceased to 1966, a	fram ind that	death accurred of	934 to F2 350 PM, from couse	es and an the	e date stoted obove
	22c PHYSICIAN'S	(obe-71	h (cu	my sel	(M.D.	ATTENDING PHYS 22d. DRESS	MED STAFF PHYS.	22b DAT	125/66
	NAME (Type	Nobert V	hic	ampbe	//_	1-100	ERSTON 1		116
	BURIAL, CREMATIC REMOVAL (Specify Burial	2- 26		Orchard		Cemetery	Hancack W	,	
	, funeral directo hn Ha Ba	st. Jr. 112	N. Mo	4	aham				Judge

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the demth certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

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VR A15 (4) 20 M 1/66



128735-4810 CERTIFICATE OF DEATH Reg. Dist. No. illed with 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) · COUNTY MARYLAND NASHINGTON b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give pegrest town) pe RURAL and give negrest town) 70 AGERSTOWN d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION NAME OF Middle 4. DATE Last Month DECEASED (Type or print) FEMERUAR) 5. SEX A. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years lost birthdov) Months WIDOWED | DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (Sfole or foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NUNDY WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cause (o), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20c. TIME OF INJURY Month. Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Hour c. m. foctory, street, office bldg., etc.) While Not while of work of work alive on_ ___, and that death occurred at______M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR REMOVAL (Specify) O FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d REC'D BY REGISTRAR - + 24b. REGISTRAR'S SIGNAPURE VS A15 (4)

· 16 16 4 16 14

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

INTERVAL RETWEEN ONSET AND DEATH

> PERFORMED? YES NO L

> > (Stote)

(Stote)

Doys

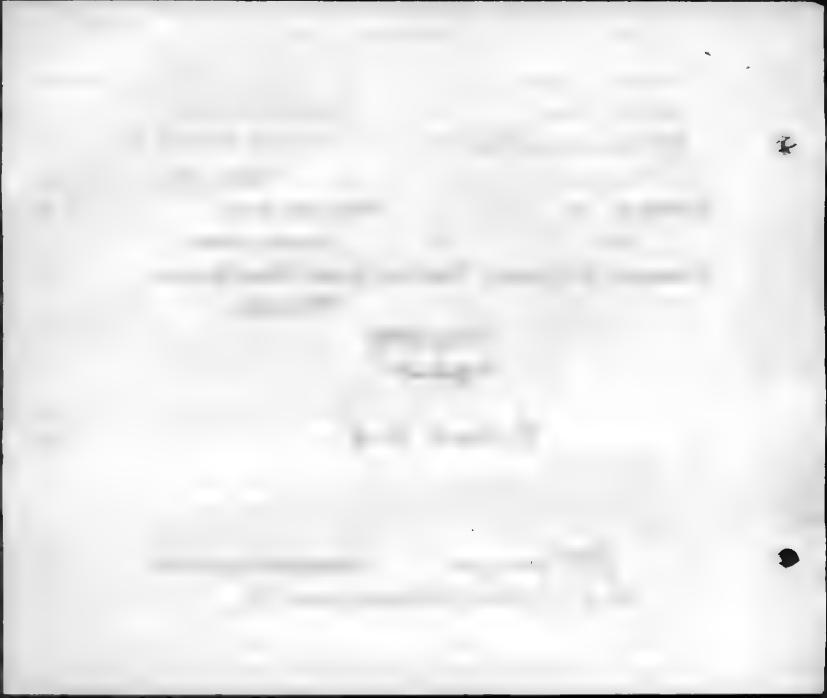
(County)

ON A FARM? YES TO NO TO

Year

19/0/0

15M 9/55



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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 92896

MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

02874

1. PLACE OF OEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. COUNTY WASHINGTON MARYLANO	B. STATE B. COUNTY WASHINGTON
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) HAGERSTOWN 2 MOS.	HAGERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS e. IS RESIDENCE
WASHINGTON COUNTY HOSPITAL	138 N. POTOMAC STREET VES NO X
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print) ROSE ETTA SMITH	BOLINGER DEATH FEBRUARY 7 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 OATE OF BIRTH 19 AGE (In years LIFTINGER LYFAR ILL UNDER 24 HRS.
FEMALE WHITE WIDOWED DIVORCED	FEB. 14,1908 last birthday) Months Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
HOMEMAKER OWN HOME	CLARKE CO., VIRGINIA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
CHARLES T. ROWLAND	ANNIE E. MORELAND
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1. 16. SOCIAL SECURITY NO. 1.17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) NONE M	RS. WILLIAM HART R.D. # 2 BERRYVILLE.VA.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. OEATH WAS CAUSEO BY:	ONSET AND CEATH
IMMEDIATE CAUSE (a)	1-m2
Conditions, If any, which	0 ma-15
gave rise to immediate	of the state of the
cause (a), stating the OUE TO	
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
E I I I I I I I I I I I I I I I I I I I	PERFORMED?
208. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCC	YES NO NO PART I OF PART I OF PART II OF ITEM 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEASE 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DARLO, LINE RELIE OF HIGHY IN PART TO FAIL IS OF ITEM 10.7
3 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PL	ACE-OF-INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PL fact p.m. 19 at work at work	tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	8 · // 195 6; to di at 6 , 19 , that (1) (we) last
saw the deceased alive on 1922, and the	at death occurred at 73.PM, from the causes and on the date stated above.
22a. SIGNATURE—	22b. OATE SIGNEO
10 yell i headle M	O. PHYS. MEO. ORECTOR PHYS. 2/8/ 1966
22c. PHYSICIAN'S NAME (Type) ROBERT F. KEADLE, M.D.	22d, AOORESS
NAME (Type) ROBERT F. KEADLE, M.D.	580 NORTHERN AVE., HAGERSTOWN, MD.
23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL FEB. 10,1966 MT. VIEW CEN	METERY SHARPSBURG MARYLAND
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
M. Foundation HAGERSTOWN, MARYLI	and outeB 1 4 1968 more when Judgen

HAGERSTOWN, MARYLAND



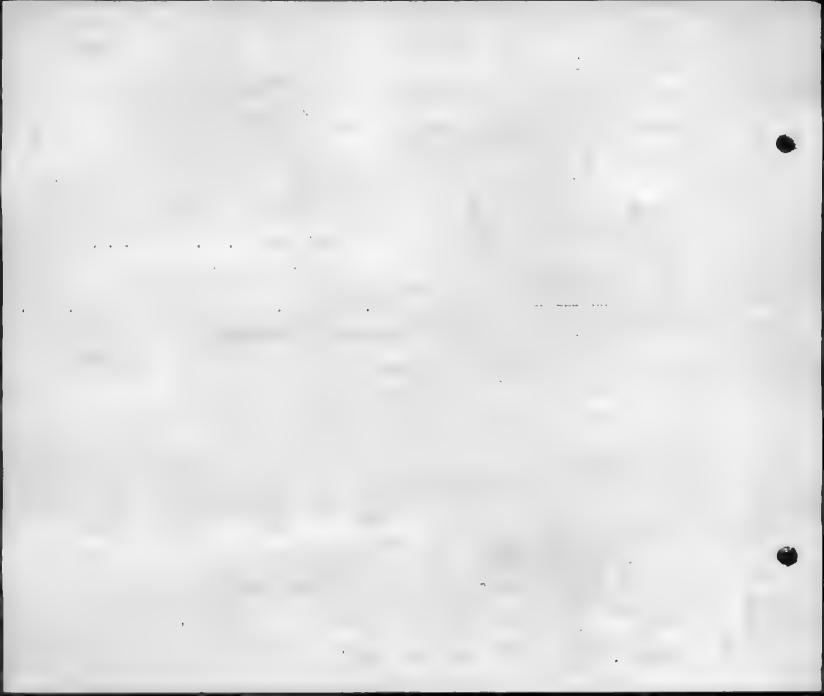
RYLAND STATE DEPARTMENT OF HEALTH SION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) a. COUNTY b. COLINTY THARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporele limits, write RURAL and give neerest town) c LENGTH OF STAY IN 1b write RURAL and give neerest town) 500N560RG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS -Keedy Memorial Home, INC. 101 YES NO K Dey DECEASED ByRd Dell Bowers (Type or orint) DEATH 19 66 19. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Months Deys WIDOWED Y DIVORCED . 10a. USUAL OCCUPATION (Give kind of work IDE KIND OF BUSINESS OR INDUSTRY 11 ARTHPLACE (County & State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Martinsburg, W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin Luther Firestone Katherine Virginia Galle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.! 17. INFORMANT Address (Yes, no, or unknown) (If yes give we ror detes of service) None Mr. Charles F. Bowers 18 West Third St. Fred. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO XX 20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED [Enter neture of nury in Pert I or Pert II of IIem IB] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, 20f (City or town) (County) (Slete) Month, Dev. Yeer fectory, street, office bldg , etc.] While Not While Hour n.m. at work et work 21. | certify that (I) (this hospital)/attended the deceased from M, from the causes and on the date stated above saw the deceased alive ., and hat death occurred at a 22e. SIGNATURE SIGNED ATTENDING PHYS DIRECTOR 22c. PHYSICIAN'S 22d ADDRE NAME (Type) 23s. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or cou Mount Olivet Cemetery Frederick. 24 FUNERAL DIRECTOR'S SIGNATUR 25a, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Frederick, Maryland

carbon nt, whibit

and

physician

OF



TO FILINERAL DINICTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remays carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours offer death.

ever.

10 HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours ofter death

Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL DESEABLE AND RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

4	0229	8		CERTIFICATE	OF DEATH	,	029	76
1	PLACE OF DEATH				2 USUAL RESIDENCE (Where deceased lived, if institu	tion Residence before	e adm ssion)
	o. COUNTY	ashingtor	3	MARYLAND	o. STATE	Md. b. COL	Wash.	
	b (ITY OR TOWN (f outside carparate limit		C LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	itside corporate limits, write RU	JRAL and give neares	t town)
ı	Hagerst	d give nearest town)		69 years		rstown	1	•
	d NAME OF HOSPIT	A. OR INSTITUTION (If n	at in haspital, g	ive street oddress)	d STREET ADDRESS			e. IS RESIDENCE ON A FARM?
2	Washing	ton Count	ty Hos		413	Sherwood Dr	ive	YES NO
3	NAME OF DECEASED		rst	Middle	Lost	4 DATE Mor	1	Year
	(Type or print)	EV.		VIOLA	BREWER	DEATH Feb	ruary 20	
S	SEX	6 COLOR OR RACE	7 MARRIED		B DATE OF BIRTH	9. AGE (In years last birthday)	Manths Dovs	IF UNDER 24 HRS Hours Min
L	female	white	WIDOWED	D VORCED				
		I (Give kind of work done ale, even if reticed)		ND OF BUSINESS OR Dustry		& State or foreign country)	12 CITIZEN OF COUNTRY?	
_	ring most of working	1 work	de	pt. store		own, Md.		
13	3. FATHER'S NAME	Charles I	8 514	ole	14. MOTHER'S MAIDEN	Sarah Sh	affor	
19	WAS DEFEASED EVE				PFORMANT	Add		
(res, no, or unknown)	(If yes give war or dates	of service)	SOCIAL SECURITY NO. 17. 18-30-8703				313
-					unaries E	Brewer, H		ERVAL BETWEEN
	PART , DEAT	EATH (Enter only one co I'H WAS CAUSED BY		(al ₂ (b), ond (c).)	0,0	intarete.		SET AND DEATH
	120	IMMEDIATE CAUSE		1019/19	2	regions		my-
	Conditions, if any	, which gave)	(b)	x mun	- sile	in	/	-24
	rise to immediat				# 1.0	1 - 1 - 61		0
	lost	Trying coose	(c) U	leunder	by Car	Reviews.		10ms
2	PART II OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(a)	19	WAS AUTOPSY PERFORMED?
ATIO	He	merlen	your	· · · · · · · · ·	Carty,		YE	ES NO 💢
CERTIFICATION	200 ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH	205. DES	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part 1 or Part II of item 18)		
		MEDICAL EXAMINER)						
MFDICAL	20c TIME OF INJU	JRY Month, Day, Year	20d IN While		CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County)	(Stote)
M	p r	10	ot wark			150		
				led the deceased fram_		19-1, to 20 7		at (I) (we) las
	saw the de	eceased alive an	<i>_11:)</i> ±	1966, and tha	t death accurred at	M, fram causes		
	120 SIGNATURE	111/16	19-11	itacel M	ATTENDING TO	MED STAFF DIRECTOR PHYS. C	7 22b DATE SIGN	1.66
	ZZC PHYSICIAN'S	wy je	JU	Jest of m	PHYS CALL	DIRECTOR LI PRIS. L		1660
	NAME (Type)		. BINF	ORD	HAGERS	BTOWN, MD.		
23	BO BUR AL, CREMATIC		EREOF	23¢ NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or To	awn) (Caunty)) (State)
	REMOVAL IS Decity	2-22	-66	Rest Have	n Cemeter	y Hagerst	own, Md.	
1	24 FUNERAL DIRECTO			ADDRESS	250 RECT	D BY REGISTRAR 25b R	REGISTRAR'S SIGNATUR	RE
	Scott F	. Minnich	& Son	. Hagerstow	n Md	2/ 1966 0	"Garlas Ve	ulis

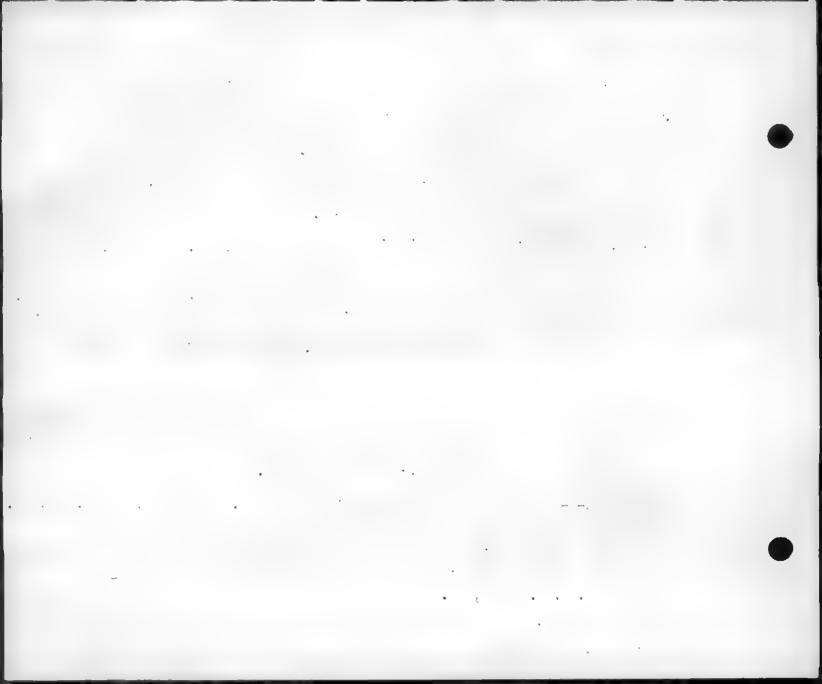


FOR STATEM HEALTH DEPT.

cessary, may be the State Department 72 hours after death. O DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to a director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 retained for your files. TO BUNERAL FIRE CORR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with of Health or its designated agent, prior to burial, cremation, or removal, and in any event within

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

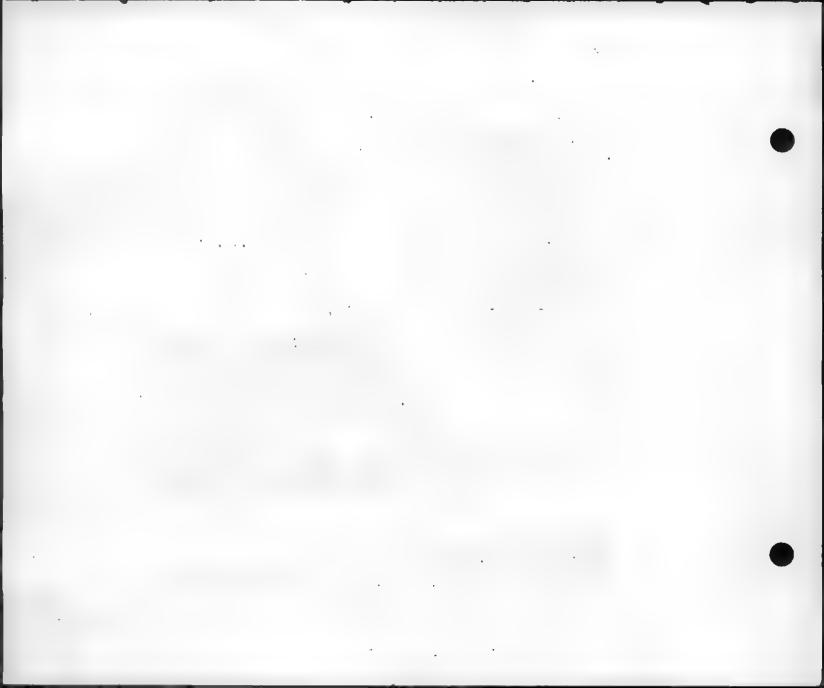
OR S		1		MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 92877	_
ALTH	DEST.		1,	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission	n)
				MARYLAND	e. STATE b. COUNTY .	
<u> </u>	partment er death.			b. CITY OR TOWN (if outside corporate limits,] c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town	1)
13 E	e de		and U	mile tokat and give nearest town, The districtions	Williansport 2/-/	
ည်း	Depi			d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address		E
Se Se	S ce			70.11	10: 3. Jo. Occours as stouch YES NO I	_
<u> </u>	State		3.	NAME OF First Middle	Lest 4. DATE Month Day Year	-
3. a.	2等			Urype or print)	COVIN DEATH 3 19 5	
7 6	电点		5,	SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED	1.8 DOTE OF RIRTH 19. AGE (In years LE UNDER 1 YEAR IT UNDER 24 HR	
form	THE REAL PROPERTY.			WIDOWED DIVORCED	last birthday) Months Days Hours Min.	ia
F Pa	event		10a	. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS DR	1 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT	_
¥ Ke		/	dur	ing most of working life, even if retired) INOUSTRY	COUNTRY?	
S. (any		13.	FATHER'S NAME	14. MOTHER'S MAIOEN NAME	_
F &	page			C1 22 2 20 17	Effic Pryor	
ffer ffer	File		15.	. WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SDC JAL SECURITY ND. 1	7. INFORMANT	-
S O			(Ye	s, no, or unkown) (If yes give war or dates of service)		/ 8
ner i	permit. remova		-	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN	4
n penc				DART & DEATH WAS CALLEED BY.	Chest (Self Inflicted) Instant	
	burial-transit cremation, or			IMMEDIATE CAUSE (a) Gunshot Wound Of	thest (Self Inflicted) Instant	_
"pending Medical	等			Conditions, if only, which \		
Med	uria			gave rise to immediate		
	る。 で。			cause (a), stating the DUE TD underlying cause lest.		
word Chief	ed as burial		N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) (19. WAS AUTOPSY	
the the	Sed		ATIC	Termospherical and the second and th	PERFORMED?	_
writing the varded to the	e us	^	CERTIFICATION	2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HDW INJURY OF	COURRED. (Enter nature of injury in Part I or Pert II of Item 18.)	794
ate, writin forwarded	ld be prior		2	PRIMARY IN OF CONTRIBUTING		
War	3 shoul agent, I		CALC	2Dc. TIME OF INJURY Month, Oay, Year 20d. INJURY DCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)	-
ate, forw	300		MEOIC	Hour Molle Not While Is	ctory, street, office bidg., etc.)	
tifi be	6.6		Σ		lor's Landing Rt. Sharpsburg, Washington, I	
og g	TOR: Padesignat			21. I certify that I took charge of the remains described above,		211
She	TOF			death resulted from: Natural causes , Accident ,	Suicide [X]. Homicide [], Undetermined manner []	
e te	2 2			ACTUAL OF CONTRACTOR	22. DATE SIGNED	D
Page Page	5 . 6			SIGNATURE OF THE SIGNATURE	DEPUTY MEDICAL EXAMINER 2-9-66	
20				NAME (Type) Dr. E. W. Ditto. Jr.	Address (Street, city, town, or county)	
please (director.	Heal	•	23a	BURIAL, CREMATION, 1 23b. OATE THEREDE 1 23c. NAME DE CEMET		=
ă i	0,0			REMOVAL (Specify)	prophary "II . was a mily	
		٢	24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	SME (5)	Ke		ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن	DATEEB 1 I 1966 Sellantes Judge	
5M	1/65	13	=		A - 0	



TO FUNERAL DIRECTOR: After this certificate has been signed by the "thending" significan and completely filled in by the funeraly director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after leather. TO MESTITME OF ATTINDING PRYSILIAM The law remaines that the death certificate he executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

Item #2 Film #G37	27 700 00		
PLACE OF DEATH 11 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before ad-			
a. COUNTY LASHINGTON MARYLAND	a. STATE b. COUNTY		
	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
write RURAL and give nearest town)			
TIAGE ID LONIN	UNKNOWN		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) WESTERN MD STATE HOSPITAL	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?		
1500 DENNI ALK HAR PRITONY MD.	UNKNOWN		
3. NAME OF First Middle	Last 4. DATE Month Day Year		
	CHNSON OF TEB. 4 1966		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.		
WIDOWED DIVORCED	1915 31 yrs. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRT MPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT		
during most of working life, even if retired) MIGRANT LABORER ORCHARD	MARION CO.,S. CAROLINA USA		
MIGRANT LABORER ORCHARD	14. MOTHER'S MAIDEN NAME		
GERALD HRUNSON	TINA A. OWENS		
(Yes, no. or trakown) \((\text{If yes give war or dates of service}\)	INFDRMANT Address		
NO UNKNOWN M	RS. ELOISE BRUNSON, MULLINS, S. CAROLINA		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	/ INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY:	BUCAP PALLMONIA DISET AND DEATH		
(4)			
Conditions If any which \	E cornibly oraclision is mos		
gave rise to immediate			
cause (a), stating the DUE TO			
underlying cause last. (c) CENER	ALIZED ARTERIOSCLEVESS YEARS		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?		
0.	YES ND P		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part i or Part II of Item 18.)		
(IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	AGE OF INJURY (Home, farm, 20f. (City or town) (County) (State)		
I While I Not while I	ory, street, office bidg., etc.)		
21. I certify that (1) (this hospital) attended the deceased from	10-6-, 1965, to 2-4-, 1966, that (1) (we) last		
saw the deceased alive on 2 - 4 - 1966, and the	at death occurred at		
22a. SIGNATURE			
Grew a Kumule M.	D. PHYS. DIRECTOR PHYS.		
22c. PHYSICIAN'S NAME (Type) ETP CALL A PROPERTY	22d. ADDRESS 1500 PENN Ade,		
NAME (TYPE) EFREN A. RAMIRE 2 M	D HAGERSTOUN, MD		
23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	Y OR CREMATORY 23d, LOCATION (City, town or county) (State)		
REMOVAL (Specify) FEB. 5.1966 PLEASANT CE	METERY MARION CO., S. CAROLINA		
24 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		
(Hay 45 M KOLLEN HAGERSTOWN, MARYLA	ND DATE B 10 1966 Mearly Judge		
Change of the transfer of the	NU DATE B 10 1966 areas judge		

VR AI5 (4) 20M 1/65



20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and-2 death 629 PLACE OF DEATH USDAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY WASHINGTON MARYLAND remove carbon papers. Pages any event, within 72 hours aft c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours HAGERSTOWN MARSHALL ST. = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled HAGERSTOWN within etely NAME OF DATE Month First Middle Last 4. DECEASED OF DEATH (Type or print) MAYBELLE CARBAUGH FEBRUARY 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) and in any 68 WIDOWED [DIVORCED FEMALE WHITE WORKED 100. KIND OF BUSINESS OR Q 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY HOME 0 removal, MOTHER'S MAIDEN NAME attending marmit, Then 16. SOCIAL SECURITY NO. 17. INFORMAN Address HAGERSTOWN 9 (Yes, no, or unknown) | (If yes give war or dates of service) HARRY transit perm cremation, NONE 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) CERTI detached for OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defilled with the State Hour a.m. Not While at work While at work p.m. retained 1966 to/3 dec-21. I certify that (I) (this hospital) attended the deceased from and that death occurred 422PM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE pe O FUNERAL DIRE director, page 3 should be filed v ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. LOCATION (City, town or county) 2 6/66 REST HAVEN CEM. **FUNERAL DIRECTOR ADDRESS** REC'D BY REGISTRAR 25b.

MARYLAND STATE DEPARTMENT OF HEALTH

WASHINGTON

Months I

Days

12. CITIZEN OF WHAT

MD.

YES

1966 that (I) (we) last

DATE SIGNED

(County)

REGISTRAR'S SIGNATURE

22b.

COUNTRY? U.S.

e. IS RESIDENCE ON A FARM?

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

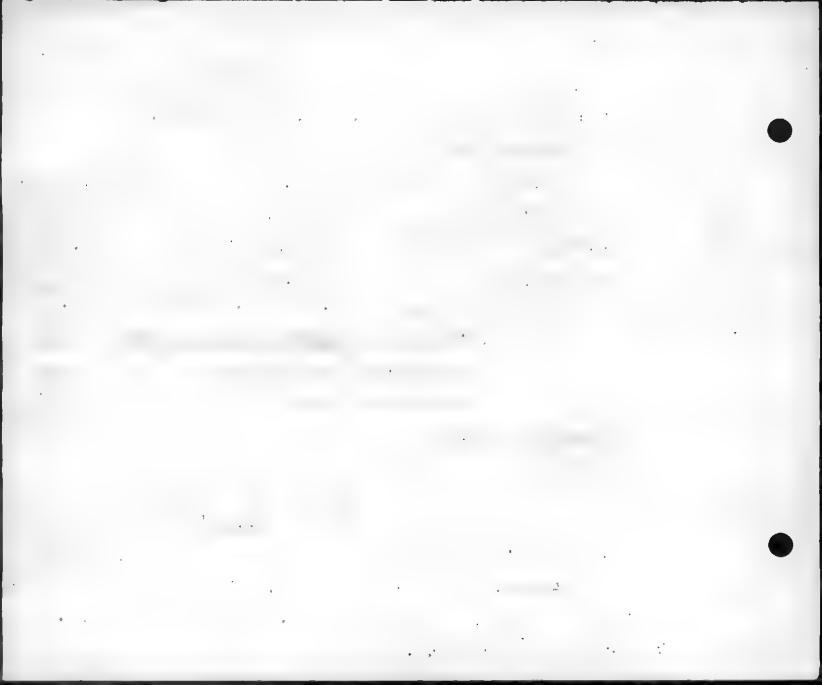
NO IL

(State)

PERFORMED?

NO X

VR A15 (4) 20M 1/65



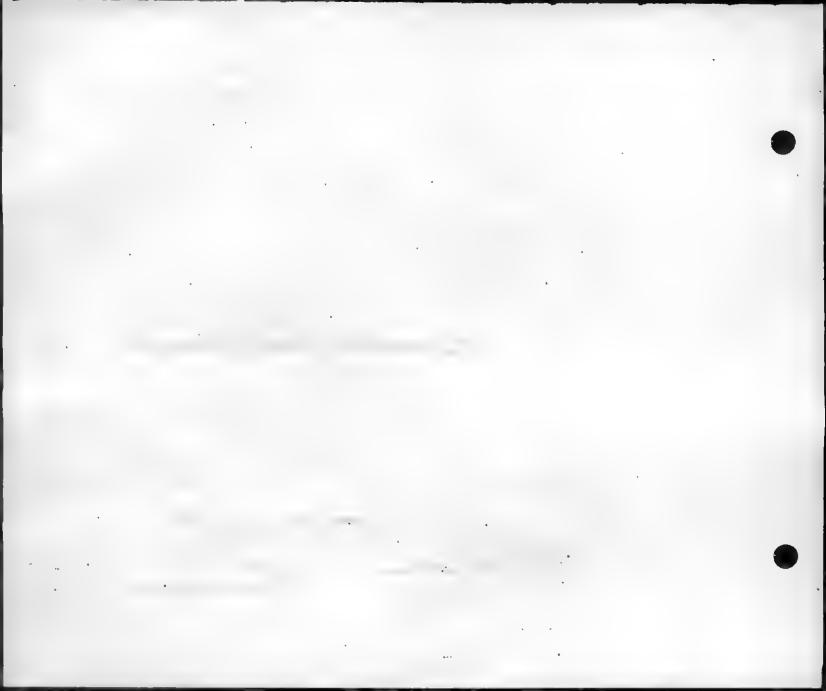
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending "lysician and committed filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather TO MOSTITAL OR ATTEMBINE MAYHOLAM The taw remaires that the meath certificate be executed within 24 means after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

ı		CERTIFICAL	E UF DEATH	112787		
I	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)		
ı		a. COUNTY	a. STATE b. COUNTY			
ı	-	"ashington MARYLAND	hardand Washin to:	1		
1		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	end give nearest town)		
ı	_	Boonsboro 1 1 Yr	H_merstown >	. / - / -		
ı		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?		
		Reeder Nursing Home	1378 Salem Ave	YES NO.		
I	3	NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year		
ı		(Type or print) IMARGARET ELIZABETH	OT A TATE Server TO 1 O F O.	36 19		
J	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. OATE OF BIRTH 9. ACE (In years IF UNDER			
1		Female "nite WIDOWEDEN DIVORCED]	Peby 14 1872 93 yrs. Months	Oays Hours Min.		
j	10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT		
	uuii	ng most of working life, even if retired) Housewife Own Hone	TO 1 - 2 - 207 - 0 - 27 -	JSA		
ı	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	JOH		
ı		George W. Levis	Fldgsboth Mars			
ı	15.		Elizabeth Null			
ı	(Yes	, no, or unkown) (If yes give war or dates of service)				
1	_		eph Harsh 1378 Salen Ave			
1		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	Hagersyayna.a.	INTERVAL BETWEEN ONSET AND DEATH		
ı		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Menozelowik	u heart willed	104-2		
1		4 TO DUE TO	7,			
ł		Cenditions, If any, which) (b)		-		
1		gave rise to immediate				
		underlying course look				
	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	(19. WAS AUTOPSY		
	FA!			PERFORMED? YES NO NO		
1	Ĕ	20a ACCIDENT WAS HINDERLYING IT 1 20b DESCRIBE HOW INTURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.			
	CERT.FICATION	203. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	The content statute of many in facts of fact to of item 20.	,		
	R	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAS	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)		
	MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ry, street, office bldg., etc.)	4		
		21. I certify that (I) (this hospital) Attended the deceased from 10, 196, to tell 1, 196, that (I) (we) last				
	- 1	saw the deceased alive on 1966, and that death occurred at M, from the causes and on the date stated above.				
		22a. SICNATURE		ATE SICNED		
,	- 1	M,D	ATTENDING MED STAFF DIRECTOR PHYS.	10/66		
		22c. PHYSICIAN'S	22d. ADDRESS	51		
		NAME (Type) GULLOVAN	120 mslow,	Ma -		
1	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)					
		Eurial 3-11-66 Green Lawn (emetery williamsport was	h Co Md		
J						
		Anurew K. Coffi in Funeral Home	Inc 258. REC'D BY REGISTRAR 25b. RECISTRAR			

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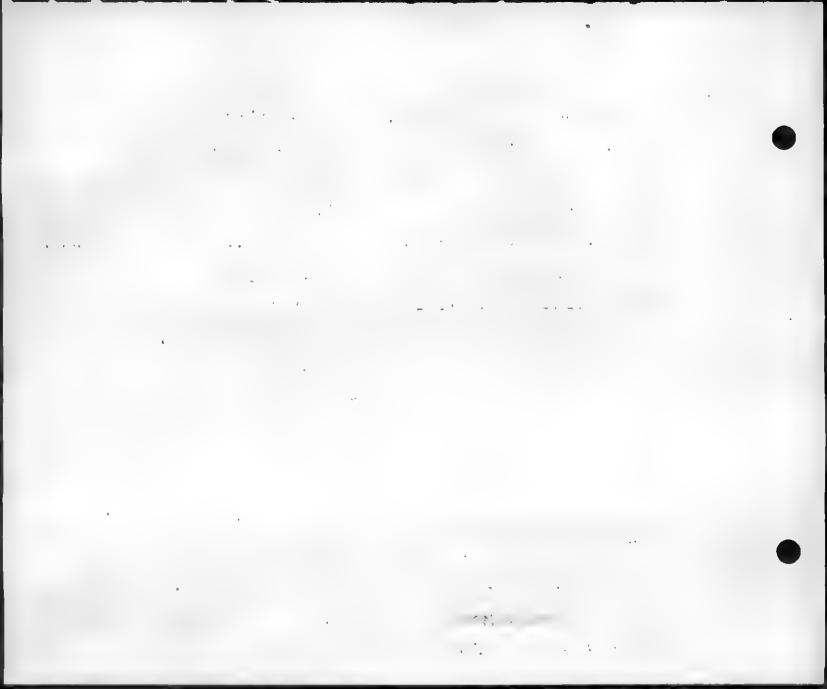


No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciae and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the man. MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 112183 CERTIFICATE OF DEATH

	0.600			
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)			
WASHINGTON MARYLAND	a. STATE MARYLAND b. COUNTY WASHINGTON			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
HAGERSTOWN 27 YRS.	HAGERSTOWN			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
338 E. FRANKLIN STREET	338 E. FRANKLIN STREET YES NO NO			
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year			
(Type or print) NORA LEVINA	CORRIGAN DEATH FEBRUARY 22 19 66			
7. WARRIED HETER WARRIED	B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.			
FEMALE WHITE WIDOWEDY DIVORCED J	IAN. 1. 1887 79 yrs.			
10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
RETIRED DANCE INSTR. INDUSTRY DANCE SCHOOL	PASSAIC CO., N. JERSEY U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
PATRICK DUFFY	JULIA KIERNAN			
	INFORMANT MAISTRATOWN, MD.			
310	S. JUDY VAUGHN 338 E. FRANKLIN ST.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY.	HEART FALLERE & PLEMENTY ENGLY MILLER			
4 201 DUE TO				
Conditions, If any, which) the Mrocrabial I.	HFARETTON MIGHT S			
gave rise to immediate (
underlying cause last. (c) Act Scio Sciocomo	HEART DISTING TEARS			
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
TA T	YES NO P			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 203. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part i or Part II of Item 18.)			
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)			
Hour a.m. While - Not While - factor	ry, street, office bldg., etc.)			
	74 10/12 1 22 E C 10/16/16 11 10/16 11 10/16			
21. I certify that (I) (this hospital) attended the deceased from 7.	death occurred at 2 M, from the causes and on the date stated above.			
22a. SIGNATURE	death occurrent at			
M.D. M.D. M.D.	ATTENDING MED. STAFF 2/22/1966			
22c, PHYSICIAN'S	22d. ADDRESS			
NAME (Type) WILLIAM N. FENDER	218 N. POTOMAC ST. HAGERSTOWN. MD.			
23a. BURIA., CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY				
BURIAL FEB. 24:1966 ROSE HILL CE	METERY HAGERSTOWN, MARYLAND			
24 FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR'S SIGNATURE				
Charley m Rouse HAGERSTOWN, MARYLA	ND DAFEEB 24 1966 for the fings			

1/65 VR. A15



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending hysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please if they carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TE MESPITAL BE ATTEMBLE PHYSICIAN: The lam squires that the death sertificate be secured willin 24 hours after seath. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE OF DEATH	1		E (Where deceased lived, If institution: R	tesidence before admission)
	a. COUNTY Jackington MAR	YLANO	a. STATE Mare	the b. COUNTY Jos	shipot):
_	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF ST		c. CITY OR TOWN (If	outside corporate ilmits, write RURAL	
7.5	write RURAL and give nearest town)		Harerst	own	21-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	address)	d. STREET ADDRESS		6. IS RESIDENCE
	inty Hospital		112 Clarkson ave. ON A FARM?		
3.	NAME OF First Middle DECEASED		Last	4. DATE Month	Day Year
	(Type or print)		'a 'ley	DEATH 175 . 07	19 😅
5.	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRI	E0 8	. DATE OF BIRTH	9. AGE (In years IFUNDER last birthday) Months	1 YEAR IFUNOER 24 HRS. OBYS Hours Min.
* .	DIVORC	E0 🔲	751 1 1	yrs.	OLDIS INIII.
10a dur	I. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS (ling most of working life, even If retired) INDUSTRY)Ř		CI	DUNTRY?
	Dome; tic Tome		Halifax (Co. Virgini V.	4 1
	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Traob Adams		Lucir	° ° °	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY Ness, no, or unknown) ((If yes give war or dates of service)	10. 17.	INFORMANT 777	Claraca Address	
(10	of the purpose of the way of Green of Services	^3 =	772 mg - 2	4.2 7.1722 -7	7
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	(c).)			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:			ONSET AND DEATH	
	170 4				
	Conditions, if any, which (b) Careirena of Breast			GVIS	
	gave rise to immediate (
	cause (a), stating the DUE TO Committee (C) (c) (c) (d)				
<u>8</u>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY				
CAT	Linket melliture PERFORMEO?				
E	20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Fater nature of Injury in Part I of Part II of Item 18.)				
CERTIFICATION	OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
WEDICAL		20e, PLAC	E OF INJURY (Home, fary, street, office bidg., et	rm, 20f. (City or town) (Gou	inty) (State)
SED.	Hour a.m. p.m. 19 at work at work	10000	/ / / / / / / / / / / / / / / / / / / /		
-	21. I certify that (I) (this hospital) attended the deceased	from	10/25.19	064 to 2/27, 19 6	that (I) (we) last
	saw the deceased alive on 2/2/1964, and that death occurred at 12/16M, from the causes and on the date stated above.				
	22a. SIGNATURE 22b. DATE SIGNEO				
	A LOCKYS Marchy M.O. PHYS. MED. STAFF OIRECTOR PHYS.				
	22c. PHYSICIAN'S NAME (Type) Edson H. Moody M.D. Harerstown Md				
	A LIOUTA IT.		Harersto	own, Md.	
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF I			23d. LOCATION (Gity, town or cou	
	TITE TOTT OF TOTAL	low	ocare cer, h.	-illia ,	
24	, FUNERAL DIRECTOR AODRESS		25a. REC	O BY REGISTRAR 25b. REGISTRAR	
	The state of the s	1	daak	3 1956 20 warter	judge _



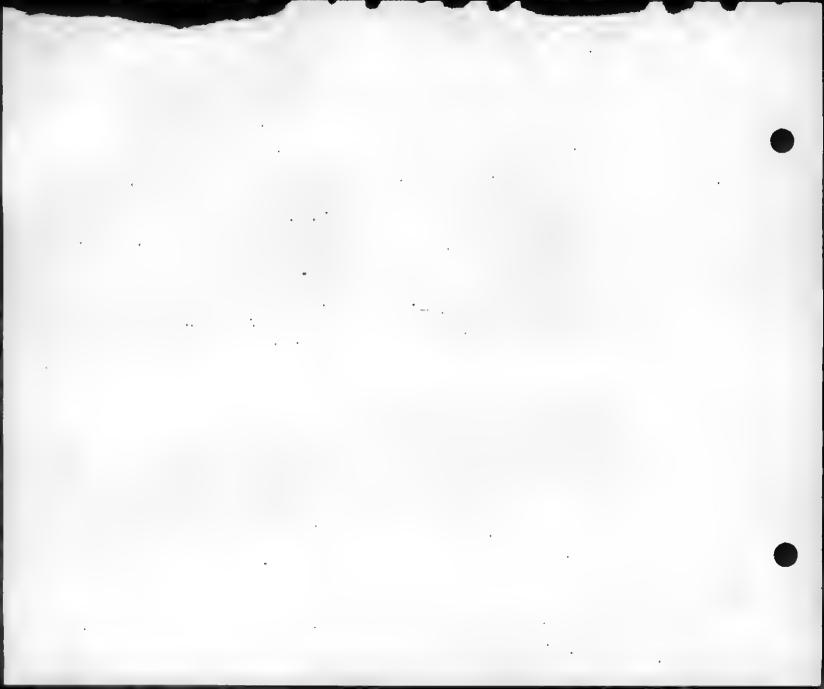
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and congressly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removed cubb, papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, a thin 72 hours after death. THE MOSEITAL OR ATTENDED BYFICEN. The law require that the death certificate be executed within 24 hours after death. Rage 4 may be retained by the Rompital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3296 CERTIFICATE OF DEATH

1.	PLACE OF BEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
		a. STATE b. COUNTY	
_	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b	raryland Washington	and give nearest town)
	Hagerstown 17 years	Vo mome town	,
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Hagerstown	1 - 10 050105105
		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		45 Spruce St	YES NO
3.	DECEASE	CURRY DEATH Febr 6 1966	Oay Year
	441411		
5.	1. INSTITUTE TO THE PROPERTY OF THE PROPERTY O	8. DATE OF BIRTH 9. AGE (in years IF UNDER I last birthday) Months (Days Hours Min.
	enale "hite WIOOWEO DIVORCED	Nov. 24 1882 83 yrs.	
10a	USUAL OCCUPATION (Give kind of work done 10b. KING OF BUSINESS OR INDUSTRY	0.0	TIZEN OF WHAT UNTRY?
-	Housewife Own Home		CA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John Sealock	No Record	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	INFDRMANT Address	
(Ye	is, no, or unkown) (If yes give war or dates of service) No. 214-09-7740 A.T.	s Elsie Kump 743 Spruce St	
		n - 2 0 2 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	Hagerstown Ad.	INTERVAL BETWEEN ONSET AND GEATH
	PART I. DEATH WAS CAUSED BY: Carebacy Than	whose	27
П	DUE TO		7 6 6 7 7 7
	Conditions, If any, which (b) atherosiles	rada l	Venn
	gave rise to immediate		The state of the s
	cause (a), stating the DUE TO underlying cause last.		
110	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEN TO THE TERMINAL DIRECTOR CONDITION CHIEN IN PART 1/2	119. WAS AUTOPSY
ATT(ANT IL O INEX SIGNII TORRI COMPUTIONS CONTINUED TIME TO DEATH BUT NOT RELA	THEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
FIC			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO CEATH OR CONTRIBUTING TO CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
A.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
MEDICAL	Hour a.m. While - Not While - factor	ry, street, office bldg., etc.)	
ž	p.m. 19 at work _ at work		
	21. I certify that (I) (this hospital) attended the deceased from		2, that (I) (we) last
		death occurred at AM, from the causes and on the	
	22a. SIGNATURE		TE SIGNEO
	M.C. Classon M.O	ATTENDING MED. STAFF DIRECTOR PHYS. 2	7/66
	22c. PHYSIOIAN'S	22d. AOORESS	
	(NAME/(Type)		
23a	. BURIAL, CREMATION, 23b. GATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)
	_REMOVAL (Specify)		
Burill 2-8-66 Bose Hill Cemetery Hase stown Wash Co. 24. FUNERAL DIRECTOR Haserstown and Adoress 25a. REC'O BY REGISTRAR'S SIGNATURE			
	Andrew K. Coffian Funeral Home I		? dee
	The state of the s	no DAFEEB 1 1 1003	1 1

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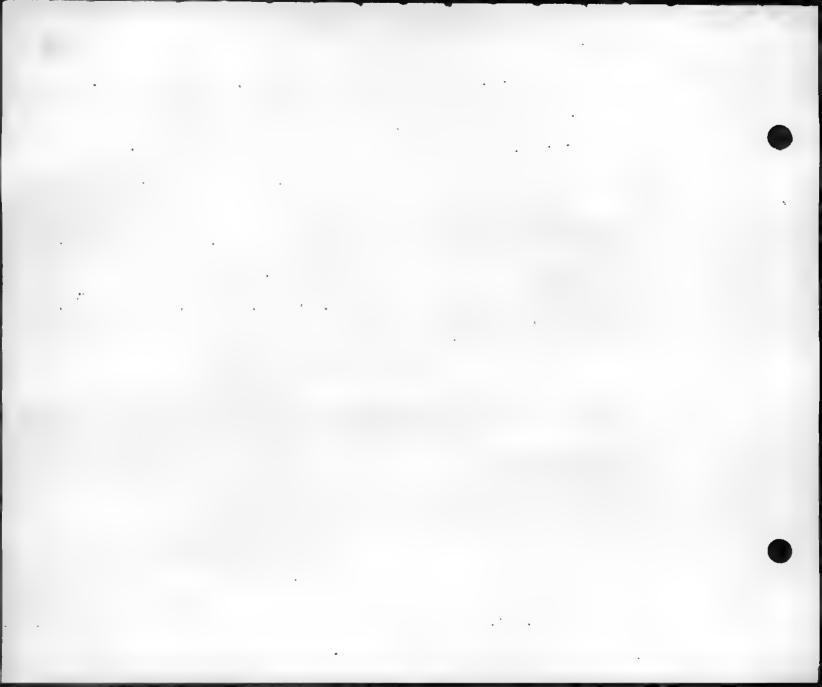


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	9291			CERTIFICAT	E OF DEATH	1		112	1988
1.	PLACE OF DEAT	Н			2. USUAL RESIDENC	CE (Where deci	eased lived, I/ Institut	tion: Residence	before admission)
	a. COUNTY	Wast	ingto	n	a. STATE	a.	b. COUNTY	Tanani.	7 - 1 - 1
	h CITY DO TON	N (if outside corporate		C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If		orato Umite write f	Frank	
	write RURAL	and give nearest town)	111111111111111111111111111111111111111		C. CITT OK TOWN (II			COLLAR SING RE	o nearest tomij
		gerstown		1 Day	<u> </u>	vaynes	boro Pa.	,	2
				ospital, give street address)	d. STREET ADDRESS			•	ON A FARM?
		ington Count	y Hos	pital		23 Bar	nett Ave.		YES ND 🗵
3.	NAME DF DECEASED	First		Middle	Last	4. DATE OF	Month	Day	Year
	(Type or print)	- hu	u.	Corbett D	oc. Ker	DEATH	Feb.	. 11	19 66
5.	SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years IF U	INDER 1 YEAR	
F	emale	White	WIDOWED	DIVORCED	5/7/1877		Mol	nths Days	Hours Min.
10a	. USUAL OCCUPAT	TIDN (Give kind of work do		IND OF BUSINESS OR	11. BIRTHPLACE (C	ounty & State,	or foreign country)	12. CITIZEN	OF WHAT
001	House W	ing life, even If retired)	,	NDO21K1	Waynesbor	o Pa.		COUNTRY	A.
13.	FATHER'S NAM	IĒ	-		14. MOTHER'S MAIL	DEN NAME			
	Peter	Corbett			Christ	tina Wa	ugaman		
15	. WAS DECEASED	EVER IN U.S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address _		
{Ye	s, no, or unkown)	(If yes pive war or dates of se	rvice)		ir. Cyrus M.	Carbo	7 3	Jarne tt	Ave.
_		1			II . Oylub II.	00100	oo, trayner		
- 1		DEATH [Enter only one of	ause per I	ine for (a), (b), and (c).]	- 1				RVAL BETWEEN ET AND DEATH
	PART I. U	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pa	Imanara 6	Edema			/	guers
- 1	4200	DUE TO		_/	/				12
	Cenditions, if		(raeslive 1	reart fi	rilur	<	64	torys
	gave rise to	Immediate (7			1.		
	cause (a), s underlying caus	rating me	4.	Toniosc. keri	Tic He	rt d	· sease		ecvs
NO.	PART IL OTHER	SIGNIFICANT CONDITIONS	CONTRIB	JTÏNG TÓ DEATH BUT NOT RELA	TED TO THE TERMINAL O	DISEASE CONC	ITION GIVEN IN PAR	T1(a) 19.	WAS AUTOPSY PERFORMED?
CA.								YE	
=	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY DCCL	IRRED. (Enter nature of	f Injury In Pa	rt I or Part II of Ite	em 18.)	
CERTIFICATION	OR CONTRIBUT	ING CAUSE OF DEATH TIFY MEDICAL EXAMINE	8)						
		INJURY Month, Day, Ye		NJURY OCCURRED 2De. PLA	CE OF INJURY (Home, fa	arm. 1 20f. (City or town)	(County)	(State)
MEDICAL	Hour a.		While	facto	ry, street, office bldg., e		010, 01 10111,	(00000)	(64)
₩.	p.		at wor	k at work	, , , , , , , , , , , , , , , , , , , ,		-, ,		
	21. I certif	ly that (I) (this hospit	al) attend	ed the deceased from					nat (I) (we) last
		peasen anne ou	Ep 1	19 66, and that	t death occurred at	<u> </u>			
	22a. SIGNATU	RE			ATTENDANG /	/		DATE SI	
	you	Ki, (sig	Ten	m.c		MED. DIRECTOR	STAFF PHYS.	2-12-	-66
	22c. PHYSICIA NAME (T	IN'S	0		22d. ADDRESS	00.		10	
	INMIE (1)	Characs	(, ~	pencer	173	7 - 1, 10	pspecl	7 (
23a	BURIAL, CREM	ATION, 23%. DATE THE	ER EOF	23c. NAME OF CEMETER	OR CREMATORY	23d. L00	CATION (City, town	or county)	(State)
	REMOVAL (Spe Burial	2/11./	56	Burns Hill	Ī	TIDE	nesboro. F	Inankli	n Co. Pa.
24.	FUNERAL DIRE			ADDRESS	25a. RE	C'D BY REGIS	TRAR, 25b. REGIS	STRAR'S SIGN	ATURE
	Walte	211 M.		Warnesboro Pa	. L.FE	B 16 1	1966 904	onles (ud 12
-	Main	- di man s	1	110, 11000010 10	DATE -	- A V	000	1	4 -

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Fage 4 may be retained by the mospital or attending physician.

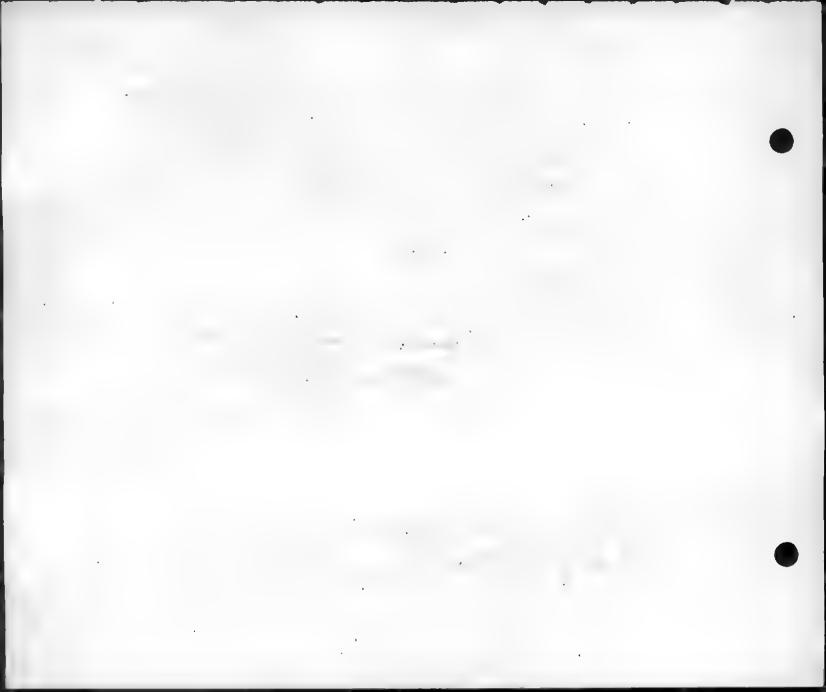
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Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	J. J	- OI BEATH
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Ŧ	a shington MARYLAND	a. STATE Maryland Washington
	D CITY OR TOWN (if outside corporate limits. I c. LENGTH OF STAY IN 1h	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
71	write RURAL and give nearest town) 71111amsport R. 1 83 Yrs	
	d. NAME OF HOSPITAL OR (INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS e. IS RESIDENCE
		ON A FARM?
_	Dellinger Boad	Dellinger Road YES NO
3.	NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
F		LINGER DEATH Feby 2 1966 19
ວ.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7.	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iast birthday) Months Days Hours Min.
		ug 29 1882 83 yrs.
10a dur	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	lousewife Own Home	Downsville Wash Co Ld USA
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME A
	Lewis Rhodes	Sarah Forthman
15		INFORMANT Address > // -
111	No No None Lev	
-	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	/ Dellinger Williamsport
	PART I. DEATH WAS CAUSED BY:	envirtage. Our to part 1-1866
	IMMEDIATE CAUSE (a)	7.57.66
	Conditions, If any, which \ Conditions	1 - 110 vale
	gave rise to Immediate	M-COO.
	cause (a), stating the DUE TO	
2	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
CATI	A THE TIME TO SELECT THE TIME THE TIME TO SELECT THE TIME	PERFORMED?
	2Da, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
CERI	DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRED. (Elliet notate of injery in Fart 1 of Fart 11 of Rein 2007
CAL		E OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
	Hour a.m. While Not While p.m. 19 at work at work	y, street, once plag., etc.)
-		-31- 1966, to 366. 2 1966, that (1) (we) last
	saw the deceased alive on 1946 and that	death occurred at M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
	Sulary houesten MD	ATTENDING MED. MED. STAFF DIRECTOR PHYS. 1 2-4-66
	22C. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) BIDITED/NOVENSIEIN	FUNCSKOUN MO
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 2/5/36 Lutneren Ce	metery Bakersville Wash Co Ad
24	. FUNERAL DIRECTOR Hagers town ADDRESS A.C.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
A	ndrew K. Coffman Funeral Home Ir	IC DATE B S 1003 1 1 C. C.

VR #15 (4) 2DM I/65



M)

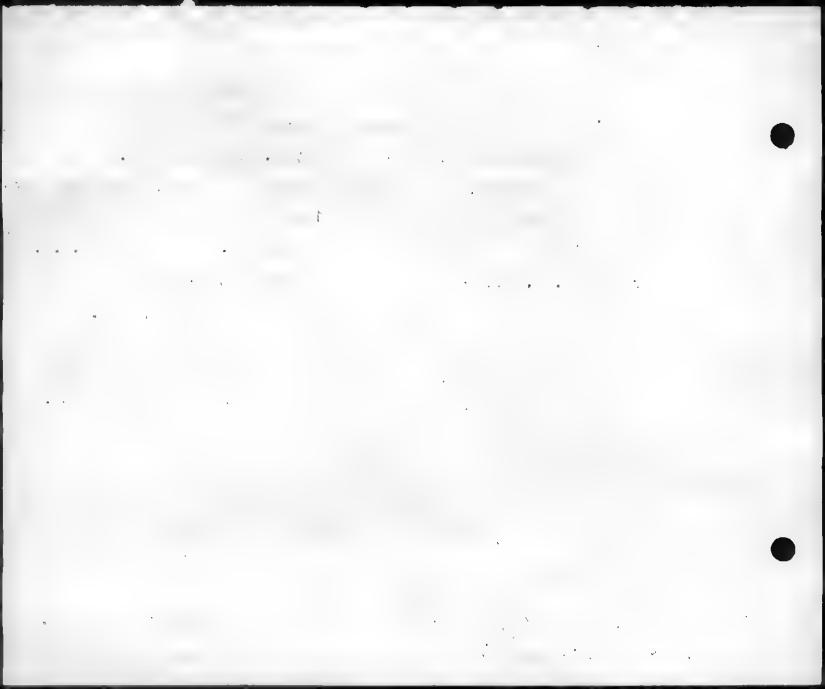
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OCCUPANT OF DEATH

16213
PLACE OF DEATH
WASHINGTON MARYLAND B. COUNTY WASHINGTON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
HAGERSTOWN 8 MONTHS HAGERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 1S RESIDENC ON A FARM?
WASHINGTON COUNTY HOSPITAL 447 W. WASHINGTON ST. VES NO S
3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED DF
(Type of print) DEATH TO A T
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IPUNDER 24 HE last by thickey) Months Days Hours Min.
FEMATE WHITE WIDOWED 12/21/1921 44 yrs.
10a. USUAL UCCOPATION (Cive kind of work done 10b. KINO OF BUSINESS OR during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE HOME MARYLAND U.S.A.
13. FATHER'S NAME
JOSEPH H. F. MARTIN VIRGIE B. ALEXANDER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yos, no, or unknown) (If yes give war or dates of service)
NO NADENE GRAIL BALTIMORE MD.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 1 INTERVAL BETWEEN QNSET AND DEATH QNSET AND DEATH
IMMEDIATE CAUSE (a)
55% O DUE TO CONTRACTOR OF SAME
Conditions, If any, which gave rise to Immediate (b)
cause (a), stating the DUE TO underlying cause last. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO YES NO CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While Not While at work at
P.m. 19 at work at work
21. I certify that (I) (this hospital) attended the deceased from, 19, to, 19, that (I) (Tree) as
saw the deceased alive on 1960, and that death occurred at M, from the causes and on the date stated above
22a. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED
M.D. PHYS. DIRECTOR PHYS. 1
NAME (Type) COULS 61 GLORE SPOL) NAMES (MR HATE CITCONA
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL 2/22/66 ROSE HILL CEM. HAGERSTOWN MD.
24. FUNERAL DIRECTOR ADDRESS 258. REC'D BY RECISTRAR 250. REGISTRAR'S SIGNATURE
111 The theres the Test . FER 24 apper color of the

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please and papers. Pages 1 and 2 should be did with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4)



TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death and the state Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hosp.tal or attending physician.

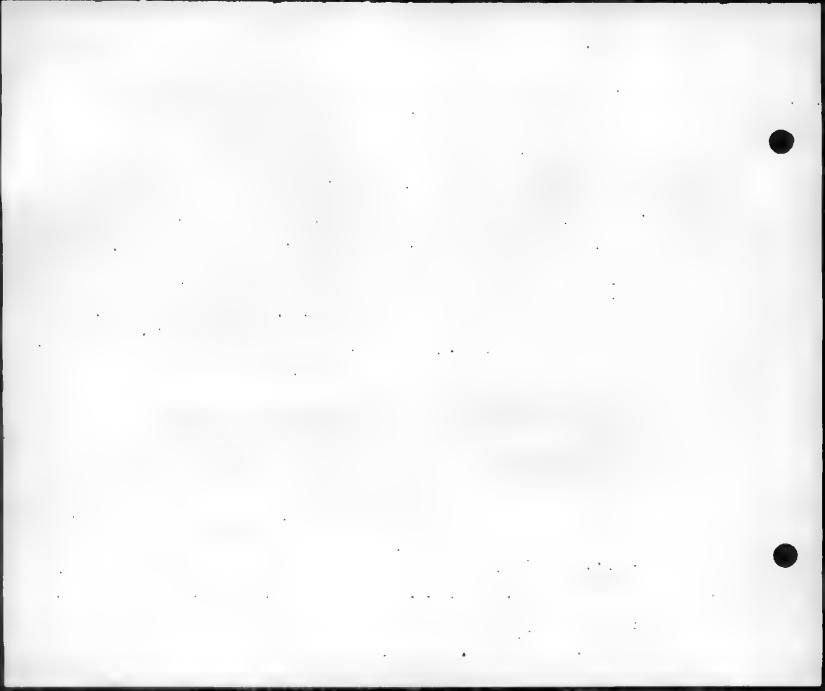
MARYLAND STATE DEPARTMENT OF HEALTH

OPHISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY			E (Where deceased lived, If institution: A	(esidence before admission)
	shin ton	MARYLAND	a. STATE	d Washington	
	b. CITY OR TOWN (if outside corporate limits. c. LEX	NGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURAL	and give nearest town)
	Write RURAL and give nearest town) Herstown	3 Yrs	Hagerst	town	/ / / = I
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street address)	d. STREET ADDRESS	00.1722	e. IS RESIDENCE
	1028 Potomac Ave		1028 Poton	nao Ave	ON A FARM? YES NO E
3.	NAME OF First OFCEASED	Middle	Last	4. DATE Month	Day Year
4	(Type or print) HANNA LYON	EINBIND!	ER	DEATH Feby 8 19	66 19
5.	SEX 6. COLOR OR RACE 7. MARRIED NE	EVER MARRIED E	8. DATE OF BIRTH	9. ACE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
	Fermile WIDOWED	1	Sept 16 11	last birthday) Months	Days Hours Min.
10	DR USUAL OCCUPATION (Give kind of work done 10b. KIND OF INDUSTRY INDUSTRY INDUSTRY INDUSTRY INDUSTRY INDUSTRY	BUSINESS OR		unty & State, or foreign country) 12. C	ITIZEN OF WHAT
u	ring most of working life, even if retired) CWN		Hugersto	m Wash Co ild."	OUNTRYZSA
23	3. FATHER'S NAME		14. MOTHER'S MAID		
	Loses Lyon			Machinson	
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	L SECURITY NO. 17.	INFORMANT	Address	
{Y	res, no, or unkown) (If yes give war or dates of service)				
	NO			inbinder 43 No J	
	18. CAUSE OF DEATH (Enter only one cause per line for (erstownd.	INTERVAL BETWEEN ONSET_AND DEATH
	IMMEDIATE CAUSE (a) A-PLOTA	My Dance	omes Sto	wach	2-3 years
	75 / X DUE TO		1		
	Conditions, If any, which gave rise to immediate (b)	0	V		
	cause (a), stating the DUE TO				
-	underlying cause last. (c)				
101	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA					YES NO 1
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIB OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Part II of Item 18.	.)
ICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY O	Santar	CE OF INJURY (Home, far ry, street, office bldg., et	rm, 20f. (City or town) (Cou	inty) (State)
MEDICAL	p m. 19 While Not	t While	/		
1	21. I certify that (I) (this hospital) attended the		-4-58 19	to 2 - 8 , 196	6 that (1) feet last
	saw the deceased alive on 2 ~ 8	1966 and that	death occurred at//	M, from the causes and on the	he date stated above.
	22a. SIGNATURE	, which was	2001.11 0000.1100 000	22b. D	ATE SIGNED
	School Willet	M.D.	ATTENDING D	MED. STAFF	8-66
	22C. PHYSICIAN'S	7	22d. ADDRESS		
	NAME (Type) Dalton M. Welty, M.	TD:	993 Poto	iac Ave. Hagerstow	nid
23		NAME OF CEMETERY		23d. LOCATION (City, town or cou	
	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. REMOVAL (Specify) LUCIAL SPECIFICATION SPE	ai Abrah	Cereter	Halfway Wash C	in the
24	4. FUNERAL DIRECTOR IL STOUM	ADDRESS	1 25d; REC	D BY RECISTRAR 25b. RECISTRAR	'S SICNATURE
	Andrew K. CoffLan Funeral	l Hone In	IC DAE B	11 man malinal	es Judge.
1			1 DATE L		A 4 =

VR #15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) I. PLACE OF DEATH b. COUNTY a. COUNTY Washington Washington Maryland MARY, AND C. LENGTH OF STAY IN 16 b CITY OR TOWN (If autside corporate limits, c CITY OR FOWN (If outside corporate limits, write RURAL and give nearest tawn) write HIRAL and give trarest town 68 years Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 120 Bower Ave. Friendship Manor Nursing Home YES NO 3. NAME OF First Midd e DATE Month DECEASED EVERHART February 22 BESSIE LENA 19 66 (Type or print) AGE (n years IF JNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED ** NEVER MARRIED 8 DATE OF BIRTH b rthday) Days Haurs March 2, 1884 Female White MIDOWED D VORCED 10b KIND OF BUSINESS OR 11 SIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working the even if retired) INDUSTRY Page, Co. Home Va. 14. MOTHER'S MAIDEN NAME 13 FATHER 5 NAME Mary unknown George Louderbach 17 INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no ar unknown) (If yes give war ar dotes of service) Hagerstown, Md. Mrs. Edward .Pearman INTERVAL BEAWEEN 18. CAUSE OF DEATH (Enter only one cause per line to (a), (b), and (c) ONS AND DEATH PART I. DEATH WAS CAUSED 8Y MMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave (b) nse to immediate cause (a). DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? 20o. ACC DENT WAS UNDER, YING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, form, (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, effice bldg . etc. Haur o.m. Nat While 21. I certify that (1) (this hospital attended the deceased and that death occurred at saw the deceased alive an M. from couses and on the date stated above. 22o. SIGNATURE DIRECTOR PHYS 22d ADDRES 22c. PHYSICIAN'S NAME (Type) 23c DAME OF CEMELERY OR CREMATORY 23b DATE THEREOF A 23d LOCATION (City or Town) 23g BUR-AL CREMATION (County) (State) REMOVAL (Specify) 2-24-66 Rose Hill Cemetery Hagerstown. 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE

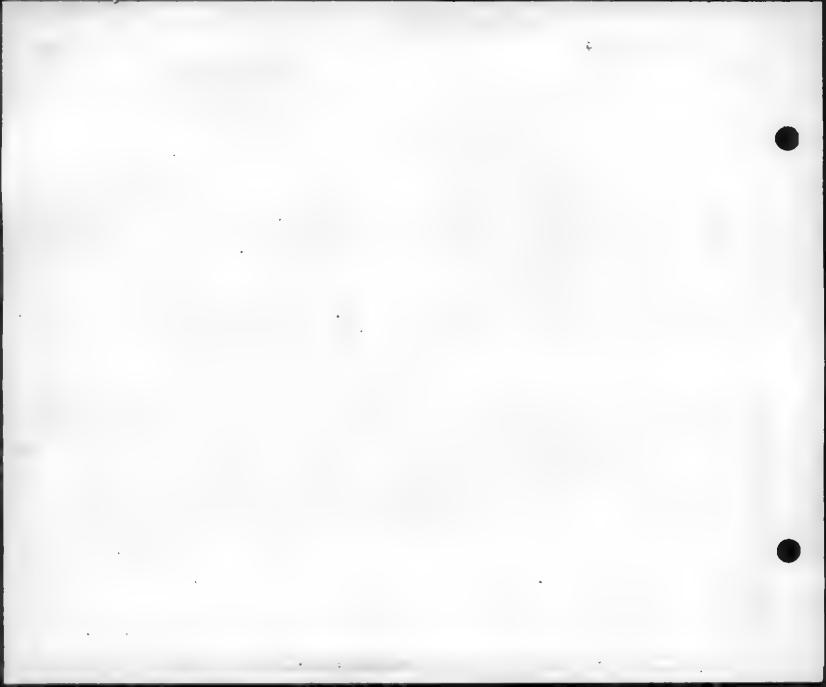
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Scott F. Minnich & Son Hagerstown,

24 hours ofter deoth. by the Pages popers. Pagi hin 72 hours a ⊆. The law requires that the death certificate be executed within completely 100 puo **■**05**€** buriol, cremation, ar removal, signed by the burnol-tronsit p by O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending hos been as Stote Dept. of Heolth certificate detoched FUNERAL DIRECTOR: director, po should be 0

and

VR A15 (4) 20 M 1/66



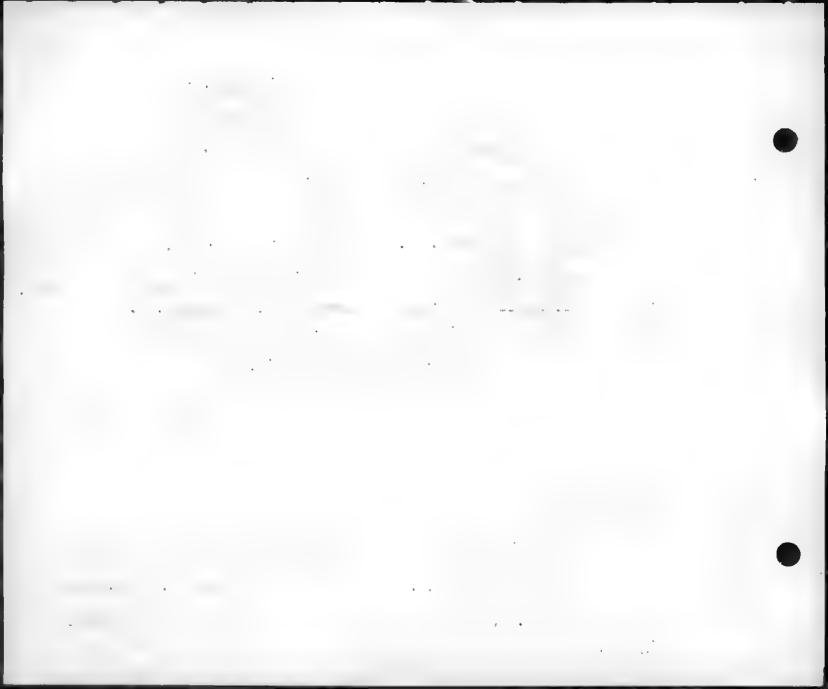
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0251	13		CERTIFIC	AIL	OF DEATH			()	289	
1.	PLACE OF DEAT	Н			1,	2. USUAL RESIDENC	E (Where dece	ased lived, If inst	itution: Res	idence before	e admission)
	a. COUNTY	ASHINGTON		Margard as		a. STATE	INSYLVA	b. count		NIZTTN	1
		N (if outside corpora	ate limits	MARYLA c. LENGTH OF STAY II		c. CITY OR TOWN (It				NKLIN nd give nea	rest town)
	write RURAL	and give nearest to	wn)		1 1	C. OILI OK TOMICKI	0012100 COID	01010 11111103 11111	e)	/	**,
_	HAGERST		mar ala	UNKNOWN		CHAMBER	SBURG		,	-	
	G. NAME OF HU	SPITAL OR INSTITUTI	ION (If not In	hospital, give street add	ress)	d. STREET ADDRESS					RESIDENCE A FARM?
	CLEARVI	EW_NURSING	HOME			937 WILSO	N AVE.			YES [NOX
3.	NAME OF DECEASED	F	irst	Middle		Last	4. DATE	Month		Day	Year
	(Type or print)	CHARLE	S	EUGENE		FISLER	DEATH	FEERUAR	Y	4 1	9 66
5.	SEX	6. COLOR OR RACE			7 8.		9.	AGE (In years I	FUNDER 1		
	MALE	WHITE	WIDOWE	D DIVORCED	5	SEPT. 2. 18	75	last birthday)	vionths D	ays Hou	irs Min.
1Da	. USUAL OCCUPAT	ION (Give kind of worlding life, even if retire	k done 100.	KIND OF BUSINESS OR		11. BIRTHPLACE (Co				IZEN OF WI	IAT
uui	TIMEKE			NUF. CO.		FRANKLIN	CO. PR	ENNA.	1	-S-A-	
13.	FATHER'S NAM				1	14. MOTHER'S MAID		111111111111111111111111111111111111111		all'allia	
		DAVID B.	FISLE	R		REBECO	A GROV	E			
15	. WAS DECEASED	EVER IN U.S. ARMED F	ORCES? 16	S. SOCIAL SECURITY NO.	17. 1	NFDRMANT			ERSBU	RG. PI	ENNA.
	NO			UNKNOWN	JA	MES FISLER.	50 CO	NNER AVE			
-1	18. CAUSE DF	DEATH [Enter only o	ne cause per	line for (a), (b), and (c).						INTERVAL	
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSI		no ye constast	. 17	· precee.				ONSET AN	n hfèire
	19 0001	K.		7 .		7					
	Conditions, If		(b) (d)	clairet.			6 4 4			41	
	gave rise to	immediate (
	cause (a), stating the DUE TO										
Ξĺ			(C) IONS CONTRIL	BUTING TO DEATH BUT NO	DELAT	EN TO THE TERMINAL IN	ISFASE COND	ITION CIVEN IN P	ART 1(a)	II9. WAS	AUTOPSY
AŢĬ	THE PART OF THE CASE	- /	/ /	freezetien			1020 102 00115	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERF	FORMED?
FIC	2DA ACCIDENT	Wie Unbern vine	10.00	DESCRIBE HOW INJURY		DED /Catan action of	Interest In Clar	t for Dort II of	Hom 19 \	YES	No 🔀
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAM	ATH INER)	DESCRIBE HOW INJUST	OCCON	RED. (Enter nature or	injury in Pai	L ? OI Fait () OI	1(em 10-)		
MEDICAL		INJURY Month, Day,			. PLAC	E OF INJURY (Home, fa , street, office bldg., et		ity or town)	(Count	ty)	(State)
4ED	Hour a.i		While at wo	e mot while m	1001013	, attock, amooning., or		41 -			
_			pital) atten	ded the deceased from	n	5/0 .19	to_	1:1 9	. 194	that (I)	(we) last
		ceased alive on	12.60			death occurred at	M, froi	m the causes a	ind on the	date stat	ted above.
	22a. SIGNATU	RE _m/ /	. /	/					22b. DAT	TË SIGNED	
		4		4.	M.D.		MED.	STAFF D	2/6	1966	
	22c. PHYSICIA	N'S	11	1		22d. ADDRESS					
	NAME (T	EDSON EDSON	B. MOO	DY M.D.		145 S. F	ROSPEC	T ST. H	AGERS'	TOWN	
23a	. BURIAL, CREN	MATION, 230. DATE	THEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d. LOC	ATION (City, to	vn or coun	ty)	(State)
	REMOVAL (Sp.	FEB.	4.1966	NORLAND O	EME	TERY	CHAI	MBERSBUR	G PEI	NNA.	
-	Chalma - L Big	7070	, , , , ,	100000		1 05- 0-0	ID DV DEDIC	FORD LOCK DE	OLCTRADIC	CLONISTUD	Ē.

HAGERSTOWN, MARYLAND

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by till hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove backon papers. Pages 1-and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4) 1/65



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I	tem 18 1	Film G374	2/2MAR	YLAND STATE	DEI	PARTMENT OF	HEAL	TH					
	0281	ON OF STATISTI	ICAL RESE	ARCH AND RECO CERTIFIC				ET, BAL	TIMOR	E 1, M.	ARYL	SUZ	
1.	PLACE OF OEAT a. COUNTY	Н				2. USUAL RESIDENC	CE (Where o				sidence	before add	mission)
		Washing		MARYLAI	ND		rylan	rd .	b. COUNT	Wa		ngtor	
	b. CITY OR TOV write RURAI	VN (if outside corpor and give nearest to	ate limits, wn)	c. LENCTH OF STAY IN	1 1b	c. GITY OR TOWN (If	outside co	orporate ()	nits, write	RURAL	and giv	e hearest	town)
	d NAME OF HO	Hogerat		Life ospital, give street addi	10001	d. STREET ADDRESS	igerst	own		punit.	/	. IS RESI	DENCE
		tin Manor			Caay		12 N.L	nouat	C#			ON A F	
3.	NAME OF		First	Middle		Last	4. OATI	-	Month		Day	Yea	
)	(Type or print)	34	ossie	L		Flory	OF DEAT	гн <i>Э</i> е	bruas	tij	9	19 6	6
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED] [B. DATE OF BIRTH	1	9. ACE (In	years III thday) M	UNDER 1	VEAR Days	Hours	24 HRS
100	Temale	White	WIDOWED			188		84	yrs.	1			
dui	ing most of worl	TION (Give kind of working life, even if retir	ed)	NO OF BUSINESS OR		11. BIRTHPLACE (Co	_		i country)	CO	UNTRY	OF WHAT	
13	AOUA FATHER'S NAM	ewife ME	1 ()wn Home		William	EN NAME	11do		us	<u>H.</u>		-
		Alex McKa	lineu			Mo	rry Si	uner.					
	. WAS DECEASED	EVER IN U.S. ARMED F	ORCES? 1 16.	SOCIAL SECURITY NO.	17.	INFORMANT	ouy Ore	nigo o				sport	t,Ma
	No				Mr	s.Pauline Wi	ederh	old	18 N.	Poto	mac	St.	
		DEATH [Enter only o EATH WAS CAUSED B		ine for (a), (b), and (c).]	1	1 3 1						RVAL BET ET AND D	
	/ PART 1. 0	IMMEDIATE CAUS	E (a) 734	pleate ?	,/3	reference	THUT -				10	lag	-
	Cenditions, If		E TO INI	lections	1	Ball Chan	-1-					U	
	gave rise to cause (a), s	immediate	(D) <u>77</u> E TO /	1 0-	74	Cali 3 (Series	- Constant						
	underlying cau	stating the [(c)	7.5.0									
CERTIFICATION	PART II. OTHER	SICNIFICANT CONDIT	IONS CONTRIB	JTING TO DEATH BUT NOT	RELA	TED TO THE TERMINAL T	DISEASECO	NDITION C	VEN IN PA	RT 1(a)	19.	WAS AUT	
FICA	00. 40010501701	a. Rice.	426	* (/.)	12/	8 924	arki	2005	lus	10 m 10 h	YE	5 🗍 1	NO 🔀
ERT	DR CONTRIBUT	WAS UNDERLYING TING TO CAUSE OF DE	ATH	DESCRIBE HOW INJURY	UUUU	KKED. (Enter nature of	ululuta iu	Part I or P	art II or I	Item 18./			
		INJURY Month, Day		NJURY OCCURRED 20e	. PLA	'/ CE OF INJURY (Home, fa	rm, 20f.	(City or 1	own)	(Cour	nty)	(S	tate)
MEDICAL	Hour a.	m. m. 19	While at wor	MOT WITTE -	facto	ry, street, office bldg., e	tc.)						
2				ed the deceased from	n		9, to)		. 19	_, th	at (I) (w	e) last
	saw the de	ceased alive on _				death occurred at		rom the o	auses ar	nd on th	e date	stated	
	22a. SICNATU	RE	6 7:	20016			MED.	STAF	F	22b. DA	TE SIC	NED	
	22c. PHYSICI		6	a contract	M.D	22d. ADDRESS	DIRECTOR	PHYS	<u>. LJI</u>				
	NAME (T	ype) /d.	N. Weeks	M.D.	_	580 North	ern Au	e. Ha	gerst	own,	Md.		_ =
232	BURIAL, CREI		THEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d.	LOCATION	(City, Tow	n or cou	nty)	(Sta	ate)
24	Burio FUNERAL DIR	2/12	166 Hon	Rest Have	n (emetery 25a. REC	C'D BY REC	gerst Istrar	OWN 25b. REG	ISTRĀR'S	SICN	Md.	·
_	Rest Hav	en Juneral	Chapel	Hagerston	m,	Md. DAFEB	14	1966	1ºola	arle	, Jan	dati	

VR A15 (4) 20M 1/65



FOR STATE

HEALTH DEPT:

D DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. State Department hours after death. 11 Zwith the S TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and of Health or its designated agent, prior to burial, cremation, or removal, and in any event

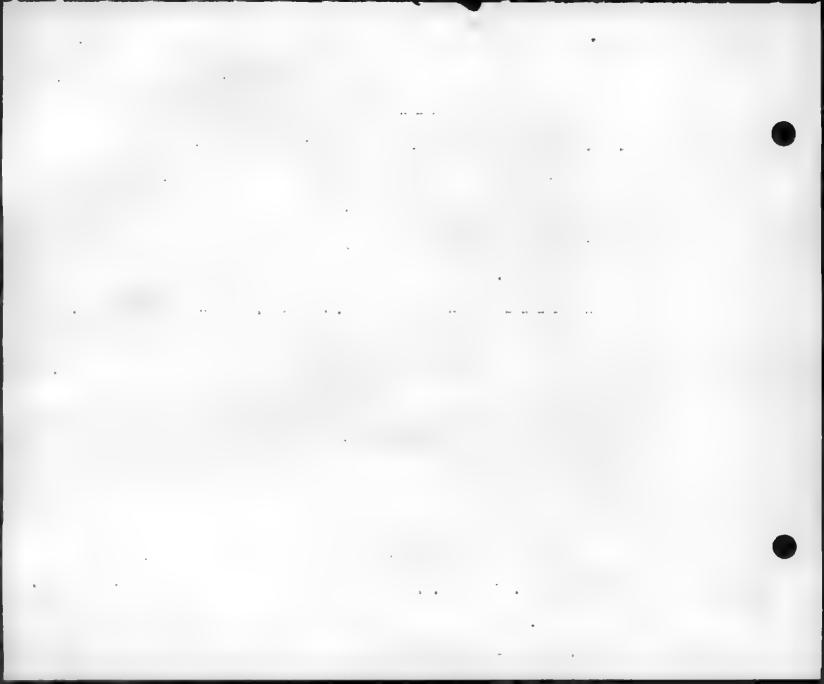
MARYLAND STATE DEPARTMENT OF HEALTH Division o MARYLAND 13543 02014

Ţ	STATISTICAL RESEA	KCH AND KEGUKU	5, JUI W. PRESIUM	PIKER	EI, BALIIMUKE	1, n
	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	- 1

1. PLACE OF DEATH a. COUNTY WASHINGTON	2. USUAL RESIDENCE (Where deceased lived, If Institution: Ri a. STATE MARYLAND b. COUNTY WA	esidence before admission) ASHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN	c. CITY OR TOWN (If outside corporate limits, write RURAL HAGERSTOWN	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	1 o. IS RESIDENCE
D.O.A. WASHINGTON COUNTY HOSPITAL	230 SUMMIT AVENUE	ON A FARM? YES NO NO
3. NAME CF DECEASED (Type or print) JOSEPH Middle MARSHALL	FORD 4. DATE Month FERUARY	18, 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If UNDER lest birthday) Months	Days Hours Min.
MALE WHITE WIDOWED DIVORCED	JANUARY 7, 1894 72 yrs. Months	Days Fours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYEED 10b. KIND OF BUSINESS OR INDUSTRY PAINTING CONTRACT	MARYLAND CO	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
WILLIAM M. FORD	LAURA BERRY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service) NO 218-24-1770 Mr	INFORMANT HACERETOWN S. JOSEPH M. FORD - 230 SUMMIT	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Pulmonary embo	olus	HAS BUBBLO
1463 X BUE TO		
Conditions, if any, which } Phiedlis of t	the leg	Sev. mos
gave rise to Immediate (
underlying cause last. (c)		
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Arteriosclerotic heart disease	<u> </u>	YES NO TO
	CURRED. (Enter nuture of Injury in Part I or Part II of Item 18.	.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL		inty) (State)
Hour a.m. p,m. 19 while Not While fact at work at work	tory, street, office bldg., etc.)	
21. I certify that I took charge of the remains described above, he	eld an Autopsy 🔲 , inspection 🙀 , Inquiry 🔲 ,	and in my opinion
death resulted from Natural causes , Accident , St	uicide , Homicide , Undetermined manner	
1000	CHIEF MEDICAL EXAMINER	, ,
SIGNATURE SUBSE HILLS	M.D. ASSISTANT MEDICAL EXAMINER 2-19-6	66 22. DATE SIGNED
EXAMINER'S HOWARD N WIFEES M D	DEPUTY MEDICAL EXAMINER [X] 580 NORO	PHERN AVE.
NAME (Type)	Address (Street, city, town, or county) accurs sme	OWN MARYLANI
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER BURIAL FEB. 22,1966 ROSE HII	IL CEMETERY HAGERSTOWN M	
24. FUNERAL DIRECTOR ADDRESS	25a_ REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
CHARLES M. ROUZER - HAGERSTOWN, MARYI	LAND DATE B 24 1966 Jelianl	es Judge

VR ALSME (5)¹ 5M 1/65

TO DEPUTY MEDIS



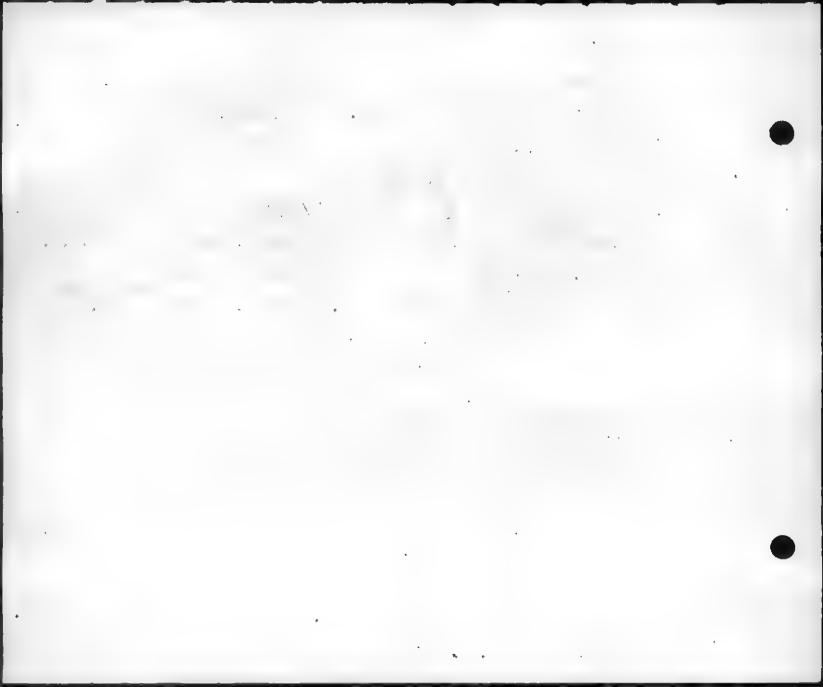
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the brial-transit permit. The please remove carbon papers. Pages 1 and 2 should be filed with the late Dept. of malth prior to be mation, or removal, and in any event, within 7 hour after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DE DEATH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH DIVISION OF STATISTICAL RESEARCH AND RECORDS (Without departed blank 16 institution) Periodera before

1.	a. COUNTY WASHINGTON MARYLAND	a. STATE MARYLAND b. COUNTY WASHINGTON						
	b. CITY OR TOWN (if outside corporate limits, HAGERSTOWN 12 2MO.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN						
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE						
	407 SHERWOOD DRIVE	d. STREET ADDRESS 4-07 SHERWOOD DRIVE o. IS RESIDENCE ON A FARM2 YES NO 2						
3	DECEASED (Type or print) ADAH RACHAEL	FRICK DEATH FEBRUARY 12 19 66						
5	FEMALE WHITE WIDOWED DIVORCED	8. OATE OF BIRTH 1+/28/1877 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.						
di	Da. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) HOUSEWIFE HOME	PENNSYLVANIA 12. CITIZEN OF WHAT COUNTRY? PENNSYLVANIA 12. CITIZEN OF WHAT COUNTRY? O.S.A.						
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	HENRY J. DINTINGER	ELIZABETH WASHBURNE						
17	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT ADMINGERS TOWN						
1	Yes, no. or unknown) (If yes give war or dates of service) NONE ME	R. ROBERT C. FRICK MD.						
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	- Keart Joseph Interval Between ONSET AND DEATH						
	Conditions, If any, which gave rise to immediate (b) Arthurscluster Seart Deser 4 16							
	cause (a), stating the underlying cause last.	arkritselline Unglin-						
CERTIFICATION	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES NO						
	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, learn, l							
	21. I certify that (I) (this hospital) attended the deceased from Casaw the deceased alive on 2 12 19 66, and that 22a. SIGNATURE 22c. PHYSICIAN'S M.O.	death occurred atM, from the causes and on the date stated above.						
23	NAME (Type) / / / Burial, Cremation, 23b. Date thereof 23c. Name of Cemetery PENISON CO. 125. DENISON CO. 1							
_	REMOVAL (Specify) 2/15/66 DENISON C	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
	1. J. Merment, Hays thear	DATE B 17 1096 PROBLEM STRANGE STRANGE						

VR A15 (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and forms event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02016 CERTIFICATE OF DEATH

1.	PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	a. COUNTY Washington MARYLAND	*. STATE Maryland b. COUNTY Washington
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Hagerstown 35 urs	Hagerstown
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE ON A FARM?
	Western Maryland State Hospital	411 {lizabeth Ave. YES \(\text{ND} \(\text{ND} \)
3.	NAME DF First Middle	Last 4. DATE Month Day Year
5		nmer DEATH FEB, 6, 1966
Ų.	SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Is under 1 years IF UNDER 24 HRS. Months Days Hours Min. With the second of the
10a	. USUAL OCCUPATION (Give kind of work done 10b, KIND DF BUSINESS DR	11/BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT
dur	Ing most of working life, even if retired) INDUSTRY Hotel	Bald Eagle, Penna. CDUNIEY?
13.		14. MOTHER'S MAIDEN NAME
	Martin McClain	Ella A.Dunlap
		INFORMANT Address
(16		R.W. Hammer 411 Elizabeth Ave, Hagerstown, Ad.
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
- 1	PART I. DEATH WAS CAUSED BY: LOBU	CAR PHEGHONIA ONSET AND DEATH
_		
	Conditions, if any, which (b) CENERALIZ	ED ARTERIOSCLEIDIS CARALS
- 1	gave rise to Immediate cause (a), stating the DUE TD	/
	underlying cause last. (c)	
10 E	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
FICA	WREAL PR	YES NO E
CERTIFICATION	DR CONTRIBUTING [7] CAUSE OF DEATH	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		CE DF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
ME	p.m. 19 at work at work	
	21. I certify that (i) (this hospital) attended the deceased from	arch 4, 1963, to FEO. 6, 1966, that (1) (we) last
		death occurred at M, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	22c. PHYSICIAN'S	. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type) FIREM Ramirez	22d. ADDRESS WESTERN med. State. HOS Pipal
23a	BURIAL CREMATION, 23b. DAYE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify) 2/9/66 Rest Haven	Cemetery Hagerstown Md
24.	FUNERAL DIRECTOR 4 La Carthers ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
K	Rest Haven Funeral Chapel Hagerstown,	Md. DATE 23 1838 2 2
_		

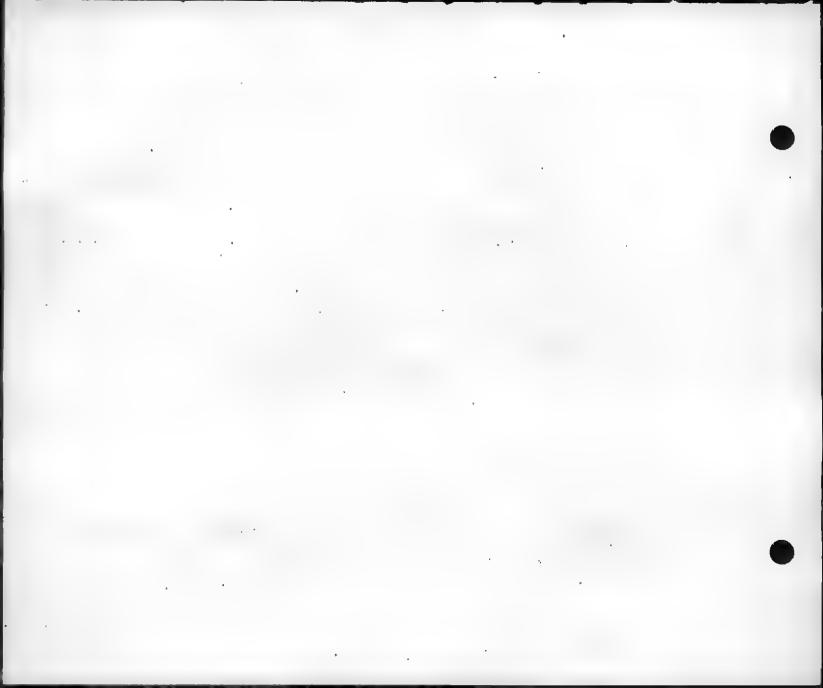
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executed within 24 hours after death.

	MARYLAND STATE DE	PARTMENT OF	HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORD	S, 301 W. PRESTON	I STREET, BALT	IMORE 1, MARYLAND
02917	CERTIFICAT	E OF DEATH		02996

_	0 M 0 T									777	
1.	PLACE OF OEATH B. COUNTY					2. USUAL RESIDENC		deceased lived, If insti			dmission)
		Washingt		MARYLAN	D DN	P	a.	***************************************	rra	nklin	V
	b. CITY OR TOW	N (If outside corporate timi and give nearest town)	ts,	C. LENGTH OF STAY IN	V 1b	c. CITY OR TOWN (If	outside c	orporate ilmits, writ	e RURAL ar	nd give neare	st town)
		erstown		2 Weeks		Wayn	esbor	0	7	*	
		SPITAL OR INSTITUTION (If I	ot in ho	spital, give street addr	ress)	d. STREET ADDRESS			-	e. IS RES	SIDENCE
	T.T. o	tinatan Count	T Ho	cnital		715	Fairs	riew Ave.			FARM?
2	NAME OF	shington Count	у по.		[1				Day Ye	
	DECEASED	First		Middle	11	Last	4 DAT OF	// 2.1 +	1.1 0		A A
	(Type or print)	_ MMES	(G,	H	AKPER	DEA		THO;		66
5.	SEX	6. COLOR OR RACE 7. M	ARRIED [NEVER MARRIED	J.	DATE OF BIRTH		9. AGE (In years I		BYS HOURS	Min.
	Male		DOWED D		⊒ A	ugust 28, 1	885	OO yrs.			1
10a.	USUAL OCCUPAT	ION (Give kind of work done ing life, even if retired)		ND OF BUSINESS OR		11. BIRTHPLACE (Co	unty & Sta	ite, or foreign country)	12. CIT	IZEN OF WHA	
- L	upt. of	Landis Hach. Q	0.	Machine Too	1	Bangor	Pa.		T,	NIRY?	
13.	FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME		-		
	Harra	Harper				Carri	e Jan	sher			
15.	WAS DECEASED E	EVER INU.S. ARMED FORCES	16. S	OCIAL SECURITY NO.	17.	INFORMANT	- 1007	Address			
(Yes	i, no, or unkown)	(If yes give war or dates of servic	e)	^^				Lar or Was	vnesbe	gro Pa.	
	No		,	3-03-1188		irs. Arch Th	omas,	415 W. WS	LXUN		The Column 1
		DEATH [Enter only one caus	e per lin	ie for (a), (b), and (c), 1	1.11	201 Oull	100	C		INTERVAL BE	DEATH
	PART I. DE	ATH WAS CAUSED BY (a)	14 pl	110- MALL	W.	444 2011	NY	<u> </u>	2 d Hys		
	160	DUE TO	DA	17 00 0	1	10.01+1	1			1.1171	Lich
	cenditions, if any, which any which and the control of the control									UNNU	000
	gave rise to immediate								1111/2	40.00	
	cause (a), stating the underlying cause last. (c) MACNARU TUNINGS (4)								DUV !		
NO		IGNIFICANT CONDETIONS CO	NTRIBUT	ING TO DEATH BUT NOT	RELA	TED TO THE TERMINAL D	ISEASE CO	ONDITION GIVEN IN P.	ART 1(a)	19. WAS A	JTOPSY
ATI	(7htga)	175/500 40 7	43/10	pt 1/43	59	RLPGU	111			PERFOR	NO X
FE	202 ACCIDENT	WAS UNDERLYING	20b. DI	CCDIRE ROW IN HID	000	RRED. (Enter nature of	Indusy In	Part I or Part II of	Item 18)	165	110 21
MEDICAL CERTIFICATION	OR CONTRIBUTI	NG CAUSE OF DEATH	200. DI	ESCRIBE HOW INJORT	UCEU	KNED. JEHLEI HALLIO OI	mjury m	POLL OF FAIL IS DE	10.)		
3			204 110	INDV ANNUADO ED 1880	DIA	SE OF INDIDVINESS SA	nm 005	(Clin or town)	/Payer	w) A	State)
200	Hour a.n	NJURY Month, Day, Year	While .		factor	E OF INJURY (Home, far y, street, office bldg., et	tc.)	(City or town)	(Count	(3)	otate)
ME	р.п		at work	Not While at work	1						
	21. I certif	y that (I) (this hospital)	attende	d the deceased from	n_{//2	3N 20 19	16h, t	0-1-2	, 19 64	é, that (I) (i	we) last
	saw the plea	ceased alive on				death occurred at					
	22a. SICHATUR	97 1	//		-					E SIGNED	
	141	THAMAIGAA	M		M.D.	ATTENDING A	MED. DIRECTOR	STAFF PHYS.	2-3	-66	
ŀ	22c. PHYSICIA		, (11 110	*******	22d. ADDRESS	/0	110 41	4 . 0/	1	1,1
	NAME (Ty	DE T. K. LARG	1/ZA	RAL MIL		12 10740	0	OE HAM	29/10	Jacob 1	9
23a.	BURIAL, CREM	ATION. 23b. DATE THERE	OF I	23c. NAME OF CEME	ETERY	OR CREMATORY	1 23d.	LOCATION (City/tov	vn or coun	ty) (S	tate)
2001	REMOVAL (Spe	eclfy)									D.
24.	Burial	2/5/66 OTOR		Green	Hi]	25a, REC	D BY RE	mesboro, J	GISTRAR'S	SIGNATURE	, ra.
- "	Him b	10. 41 la	-		, D-		8	1000 977	1 0 .	0 .	
	//cer	and wells		Waynesboro	Pa	DATE L	0	1000	corce	1 Judge	
								V		U	



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VR #15 (4) 20M I/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O2018

CERTIFICATE OF DEATH

1.	PLACE OF DEAT a. COUNTY	H		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
	a. 500HII	WASHINGTON	MARYLAND	a. STATE MARYLAND b. COUNTY WASHINGTON						
	b. CITY OR TOW	N (if outside corporate limited and give nearest town)	its, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to						
	HAGERST		30 YRS.	HAGE	RSTOWN	.4				
			not in hospital, give street address		TELONIA	6. IS RESIDENCE ON A FARM?				
-	724 PO	POMAC AVENUE		724 POTOM	724 POTOMAC AVENUE					
3.	NAME DE DECEASED	First	Middle	Last	4. DATE Month	Day Year				
	(Type or print)	CLARA	ELIZABETH	HARTLE	DEATH FEBRUARY	20 1966				
5.	\$EX	6. CDLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IFUND	ER 1 YEAR IF UNDER 24 HRS.				
	FEMALE		DOWED A DIVORCED	NOV. 27,1896	9. AGE (In years IFUND: Month: 9 yrs.	s Days Hours Min.				
10	a. USUAL OCCUPAT	ION (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Cou	nty & State, or foreign country) 12.	CITIZEN OF WHAT				
1	HAND SEV		DRESS MFG.	WASHINGTO	N CO. MD.	U.S.A.				
13	. FATHER'S NAM		1		14. MOTHER'S MAIDEN NAME					
		JOHN L. DUI	ROW	MARY E.	BUSSARD					
15	. WAS DECEASED	EVER IN U.S. ARMED FORCES (If yes give war or dates of servi	? 16. SOCIAL SECURITY NO. 1 17.	INFORMANT	HAGERST	OWN, MD.				
1	NO NO	(11 Aes Blac wat of flates of setate		OHN A. HARTLE	633 S. POTOMAC	ST.				
	18. CAUSE DF	DEATH [Enter only one cau	se per line for (a), (b), and (c).]			INTERVAL BETWEEN				
	PART t. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corvinary Thrombonic DUE TO Conditions, If any, which gave rise to immediate (b) Connerge Afheroselerosic									
	1 HMEDIATE CAUSE (a) Colored To 2									
	conditions, If any, which) on Consequent affine Consequent									
	ALL TO									
	today (a) stating the									
8										
CATI	Diabetes Mulletina PERFORMED?									
١Ĕ	20a. ACCIDENT	WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of I	niury in Part I or Part II of Item					
CERTIFICATION	OR CONTRIBUTE	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)		•						
ICAL		INJURY Month, Day, Year	fact	ACE OF INJURY (Home, farr ory, street, office bldg., etc	m, 20f. (City or town) (C	County) (State)				
MEDICAL	Hour a.i		While Not While at work	·,,,,,,,,	*/					
	21. I certif	y that (I) (this hospital)	attended the deceased from		50, to 20 Feb, 19					
	saw the deceased alive on 15 74-1966, and that death occurred at 13 M from the causes and on the date stated about 22a. SIGNATURE M.D. ATTENDING MED. STAFF 2/22/1966									
22c. PHYSICIADYS / 22d. ADDRESS										
	1	J.D. WILD		580 NORTH	ERN AVE. HAGERSTO	And the Contract of the Contra				
238	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)									
	BURIAL	/FEBRUARY		L CEMETERY		ARYLAND				
24	4. FUNERAL DIR	CTOR	ADDRESS	25a. REC'	D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE				
1	Stauso?	notinger	HAGERSTOWN, MARY	LAND DATEEB	24 1966 Acho	relo Judas				
1						7-7				



funeral and 2 death.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

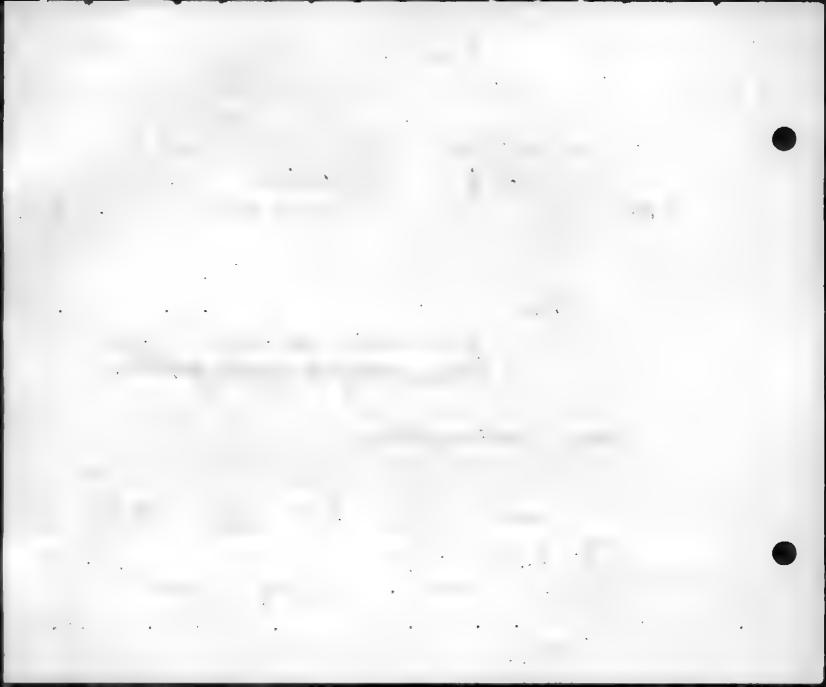
1		Men of Skill State Carlo State									
	1.	PLACE OF DEATH // 2. USUAL RESIDENCE (Whyre deceased lived, if Institution/Residence before admission)									
,		a. COUNTY b. COUNTY b. COUNTY									
		b. CITY OR TOWN (if cutside corporate ilmits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate ilmits, write RURAL and give nearest town)									
	,	b. CITY DR TOWN (if cutside corporate ilmits, write RURAL and give nearest town) write RURAL and give nearest town)									
	1	ARERSTOWN 102th Hagerellown 21-									
		d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE DN A FARM?									
1		MASHINIGTONI County 229 & Traspect St. YEST NOTE									
¢	3.	NAME DF - Month Day Year									
	٥.	OFFICEASED WIN I PAUL HAUVER DEATH Feb 19 1966									
	5.	5. SEX									
		14 Jays Days Hours Min.									
	10a	USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11b, BIRTHPLACE (County & State, or foreign country) (12, CITIZEN OF WHAT									
		ing most of working life, even if retired) INDUSTRY COUNTRY?									
ļ		-									
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME									
	1	TEHARD. A. HAUVEN JU KITTY-TSCHIFFELY									
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address s, no, or unknown) (If yes give war or dates of service)									
		Richard A. Hauver, Jr. Thurmon t. MD									
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]									
		PART I. DEATH WAS CAUSED BY:									
		IMMEDIATE CAUSE (a) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
		DUE TO DUE TO									
	Н	Conditions, if any, which (b) regardly the read of the land									
	П	gave rise to immediate cause (a), stating the DUE TO									
		underlying cause last. (c)									
	5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY									
	8	PERFORMED? YES NO DEL									
(20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)									
	CERTIFICATION	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
		20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)									
	EDICAL	Hour a.m. While Not While									
	ME	p.m. 19 at work at work									
		21. I certify that (I) (this heapital) attended the deceased from 2/18/ , 1956, to 2/11, 1964, that (I) (we)-last									
	П	saw the deceased alive on 2/18 1966 and that death occurred at 1.34M, from the causes and on the date stated above.									
	П	22a. SIGNATURE)									
1	Ш	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIVIDING DIRECTOR DIRECTOR DIVIS.									
1		22c. PHYSICIAN'S 22d. ADDRESS /									
		NAME (Type) A. M. Bacon Jr. 101 King St Aggardano Mid									
	000	Be III. Dacon III.									
1	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)									
1		Burial Feb. 27.66 Mt. Moriah Com Foxyille Fradk Com Md									
0	24	I LEU HO MADE DE LE									
200	10	mione E Quari L. Thu rmont, Md DATE CD 23 1966 frances									
- 1	IK.	The thirty the thirty the thirty that the thir									

VR AI5 (4) 20M 1/65

TO BEHILTILE

DEFECTION OF ETTENDING PHYSICIAN. The law regions that the death certificate is exempted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plysician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please refuse a month papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any within 72 hours attained.

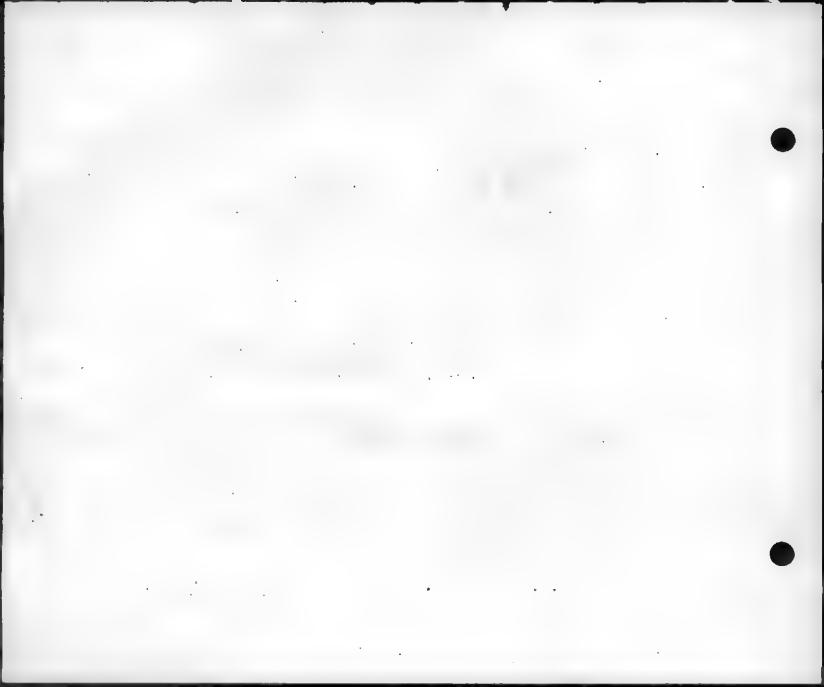


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer weeth. withIn 24 hours after death. TO MORE TEAL OF AFTENDING FRYZICIAN: The liw requires that the leath certilicate be Page 4 may be retained by the hospital or attending physician.

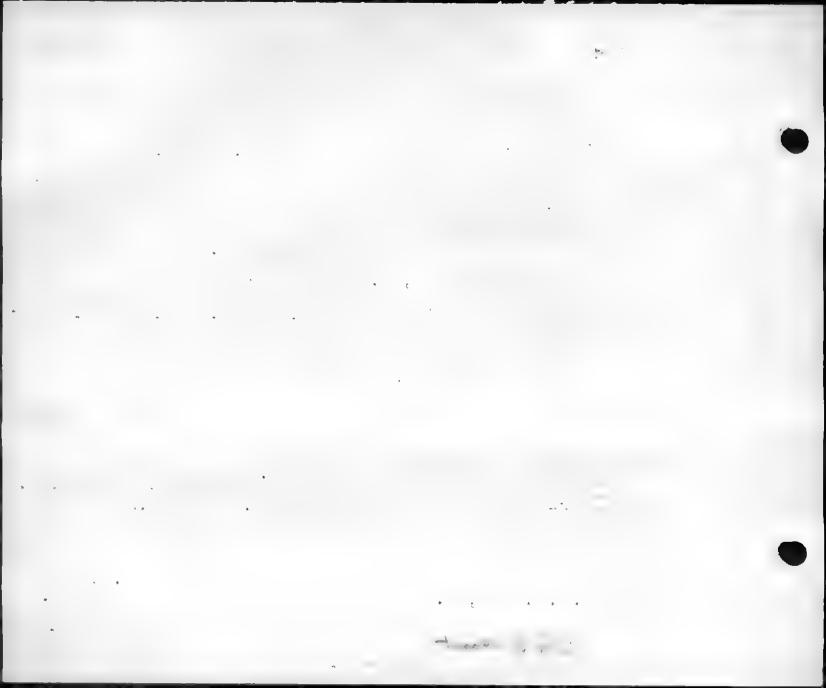
> VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		12020 HERIFICAL	E UP DEATH COST							
į	1.	PLACE OF BEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
1		1/ASH INGTONI MARYLAND	a. STATE D. b. COUNTY							
1		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)							
	1	Write RURAL and give nearest town)	Haserstoron ::!							
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE							
1		MASHINGTON COUNTY	229 S. Prospect NYES NO I							
	3.	NAME DE TWINT PETST TER MIddle	Last 4. DATE Month Day Year DEATH Feb 1966							
	5.		P DATE OF BIRTH 19 ACE (In years I F IINDER) YEAR HE INDER 24 HRS							
	,	WIDOWED DIVORCED	Felt 18,1966 last birthday) Months Days Hours Min							
	10a dur	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR Ing most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	Gui	INDUSTRI	U.5 A							
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	KI	CHAND, A. HAUVEN JU	KITTY TSCHIFFELY							
	15. (Ye	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12 INFORMANT Address (Yes, no, or unknown) (If you give war or dates of service)								
	-	18 CANDE OF BEATH FEBRUARY ONLY ON STATE OF THE STATE OF	MALLON OF THE PARTY OF THE PART							
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY:	- INTERVAL BETWEEN ONSET AND DEATH							
		JMMEDIATE CAUSE (a)	4 1100 30g (wen)							
		Conditions, If any, which)	whole ofference of leave 8 1/2 less							
gave rise to immediate										
		cause (a), stating the DUE TD (Slock)								
	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
, -	ICAT	Turing - Premeter labor	PERFORMED? YES \ NO \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
	CERTIFICATION	20a ACCIDENT WAS INDERLYING I 20h DESCRIBE HOW INDIGEN OCCURRED (Foter nature of indust in Part In Part In Part In 18.)								
	1 1	OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	CAL	Anala and a same and a same	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
	MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ry, street, office bldg., etc.)							
	2	21. I certify that (I) (this hospital) attended the deceased from	2/18/ 19/6 to 1/19/ 19/6 that (1) (m) last							
			t death occurred at 11.30£M, from the causes and on the date stated above.							
		22a. SIGNATURE	22b. DATE SIGNED							
,	M.D. ATTENDING MED. STAFF DIRECTOR DIRE									
1		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS.							
		A.M. Dagon sr.	101 King IN Mayonstallers Mill							
2	23a	REMOVAL (Specify) Theli of the	OR CREMATORY 23d LOCATION (City, town or county) (State)							
10	24.	Quital 744-01-66 My Moula	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
7	1	186 - Alara Att	My 5+3 22 10ch Blearles Cuter							
1	0	ymond (Cuage I som mon	1742 DATE 1- 1 23 1956 January 25							



- 1			Division	MAR of STATISTICAL RES	RYLAND STATE DEI EARCH AND RECORDS	PARTMENT OF HEALT . 301 W. PRESTON STREET	H , Baltimore 1, M/	ARYLAND
FOR STATE			กดกดะ		L EXAMINER'S		DEATH	W. Wall
HEALTH	DEPA	1.	PLACE OF DEATH			2. USUAL RESIDENCE (Where det	eased lived, If institution: F	Residence before admission
	1		a. COUNTY	Washington	MARYLAND	a. STATE Maryland	b. COUNTY Was	hington
erai be	ath			outside corporate limits, give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside cor		
fun may	artm r de		daa	erstown	Lite	Hagerstown	n	
S the	Departe		d. NAME OF HOSPITA	L OR INSTITUTION (If not in	hospital, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
3 to	State hours	L	Washin	igton County Ho	spital	442 W.Chn	rch St.	YES NO
del and	2 TO	3.	NAME OF DECEASED	First	Middle	Lest 4. DATE OF	Month	Day Year
PM.	452	_	(Type or print) SEX 6.0	Charles	William	Hecker It DEATH	Gebruary AGE (In years IFUNDER	3 19 66
es 1	2 with within	3.	Male	1111 ° ±	THE STATE OF THE PARTY AND THE		last birthdey) Months	Deys Hours Min.
Fagination of the state of the	at 2	102	. USUAL OCCUPATION	Give kind of work done i 10b.	KIND OF BUSINESS OR	ebruary 19,1958	y78. gn_country) 12. C	ITIZEN OF WHAT
To See	1 and event	dur	ing most of working li	fe, even if retired)	None		C	OUNTRY? ISA
aft.	pages in any	13.	FATHER'S NAME		none	Hagerstown l'id.	1_4	e)(7
in 1	E.E		(harles William	n Hecker Sr	Nancy Lee	Straubs	
24 to 11 te 0 office	File, and	15	WAS DECEASED EYER	IN U.S. ARMED FORCES? 16		INFORMANT	Address Hag	erstown, NI
hin cil	permit. removal		No	and are non or energy as one time?	None Cha	rest W. Hecker Sr.	442 W. Church	Sta Eld
wit pen mine	rem			H [Enter only one cause per				INTERVAL BETWEEN ONSET AND DEATH
uted in Exa	or		PART I. DEATH	WAS CAUSED BY:	ctured Skull			Instant _
ding cal	burial-transit cremation, or		Conditions, If eny,	DUE TO	1 1 (3) - 1			
De Con Medi	uria		gave rise to imm	nedlate (shed Chest			-
	60 -		cause (e), stating underlying cause las				•	
\$ a 5	sed as burial	8	~ /	1 \\/	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ification the the	월 무 ^	ICATI						YES NO
S S S S S S S S S S S S S S S S S S S	rior	CERTIFICATION	PRIMARY TO OT CON	JSE WAS 20b.	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury In Pa	art or Part of Item 18	3.)
writ writ	t, pri		CAUSE OF DEATH.		s struck by a 1	arge truck. CE Of INJURY (Home, farm, Hage iry, street, offica bldg., etc.)	(Oldy by Anna) 110 (Co	Antul L (Meta)
R: Tl ate, forw	3 sh ager	EDICAL	Hour -	RY Month, Day, Year 20d.	le Not While	ry, street, office bldg., etc.)		ington, way
Lifficial	e d	E			ork Ale		nklin St.,	and in my opinio
See See	gna gna		The second secon		emains described above, he	icide . Homicide .	Undetermined manner	
the state	des		death resulted f	Tom: Natural Causes	Accident XI, Su	CHIEF MEDICAL EXAMINER	_	
ute ge 4	땲		ACTUAL SIGNATURE	The de	1/20 -	M.D. ASSISTANT MEDICAL EXAM	INER 🗌	22. DATE SIGNE
Y MI Xec	AL		EXAMINER'S	1 2	1	DEPUTY MEDICAL EXAMINI	R K Feb.	4, 1966
Se extor.	eaft	· 🖳	NAME (Type) Dr			Address (Street, city, town	or county Hagerst	
D DEPI please direct	0 to	23:	REMOVAL (Specify		23c, NAME OF CEMETER			11.1
Jan.	F	24	SURVACE. FUNERAL DIRECTOR	8/1/66	Rest Haven	25a. REC'D BY REGI	agerstown STRAR 25b. REGISTRAR	I'Id.
VR A	15ME 17 1			Juneral Chapel	Hagerstown, A	EED 0	1966 676 2	Can Ouder
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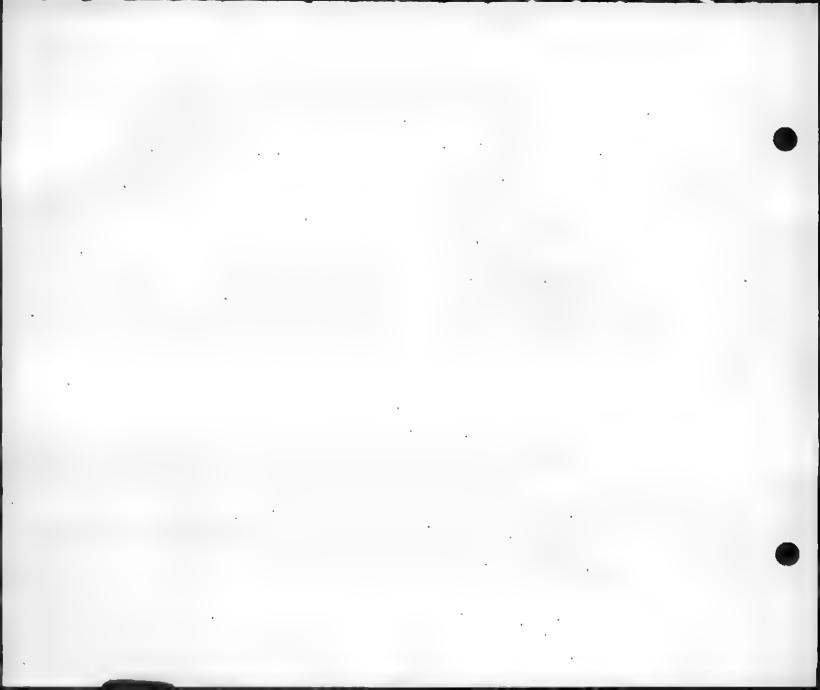
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completaly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after degret. executed within 24 hours after death. D BOSFITM OR ATTERBING PHYSELIAM THE fam regulres that she seats certified Page 4 may be retained by the hospital or attending physician.

TO MOSPITAL

VR #15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 22

1.	- ACUMEN				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
	a. COUNTY	Washingt	07	6 4 PASSE B 2	a. STATE Manuland b. COUNTY Washi 'c.						
	b. CITY OR TOW	N (if outside corporation and give nearest tow		MARYLAND c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	erst		,	D.O.A	Had	mers owr	1	~ 1.	- /		
			ON (if not in hosp	oltal, give street address)	d. STREET ADDRES	S			IS RESIDENCE ON A FARM?		
	* * *		TT - T / -	\$ ' \ T	077 ***	عدد و د ال	2, 203 2+	YE			
3.	NAME OF DECEASED	Fi	irst	Middle	Last	4. DATE	Month	Day	Year		
	(Type or print)	Chanl	2++3	Toffice war	Transan	DEATH	TIA1,	0 1	19		
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. At	GE (In years IF L	INDER 1 YEAR HE	UNDER 24 HRS. Hours Min.		
1	7.8	T 72 T	WIDOWED	DIVORCED [200. 11	1901 6	утя. С)]]]			
102	a. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	(b) IMDI	Hetpy	11. BIRTHPLACE (County & State, or	foreign country)	12. CITIZEN OF COUNTRY?	FWHAT		
T	Donat of work	nig alog even ja retire nii al	770 - 6	2 CI	Monage 1	n må		1			
13	. FATHER'S NAM	E			14. MOTHER'S MA	IDEN NAME					
	let	Bridley	Nave		1877	+ "	ch				
		EVER IN U.S. ARMED FO	RCFS? 16. SO	CIAL SECURITY NO. 17.	INFORMANT	1 7.	Address	, a . t-			
(1)	es, no, or unkown)	(ff yes give war or dates o	216	22 7516 1	r. 11.1	,	.1	in Uni.	4 - 4		
	18. CAUSE OF	DEATH [Enter only on	e cause per line	for (a), (b), and (c).]	100		D C		AL-BETWEEN		
	PART I, DE	ATH WAS CAUSED BY IMMEDIATE CAUSE		yeure	and The	Jan C	Um	UNSE	they !		
	720	DUF		10	-00	8 - 8			-		
	Cenditions, If		- / /	CULLIN	-0X(V)	2 Duy		13	yw/		
	gave rise to immediate										
	Lauso (a), Stating the										
No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY										
CATE	PERFORMED?										
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPRED. (Enter nature of injury in Part 1 or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	(IF EITHER, NO	TIFY MEDICAL EXAMI	NER)	/							
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home farm, 20f. (City or town) (County) (State)										
MFOICAL	Hour a.m. p.m. While at work at work at work at work										
2	21. I certify that (I) (this hospital) attended the decrased from for 100 to 10										
		ceased alive on	F. 1-0		at death occurred at	40 M, from	the causes and				
	228. SIGNATURE 220. DATE SIGNED)										
		1 H	7-	chery	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	12	0/1		
	22c. PHYSICH			(14)	22d. ADDRESS		R	111	144		
		1.4.1	260	CKICK!	116	257/H	AIM	144) -			
23	a. BURIAL, CREW REMOVAL (Spi		THEREOF 26-66	23c. NAME OF CEMETER	RY OR CREMATORY	23)L. LOCA	TION (City, lown		(State)		
24	4. FUNERAL DIRE	CTOR	1.	ADDRESS	25a. R	EC'D BY REGISTR		STRAR'S SIGNA	TURE		
	۳ , ۳		• 1	9 % · · · · · · · · · · · · · · · · · ·	TI AT DETE	B 28 195	6 18 La	welly Ju	tge.		
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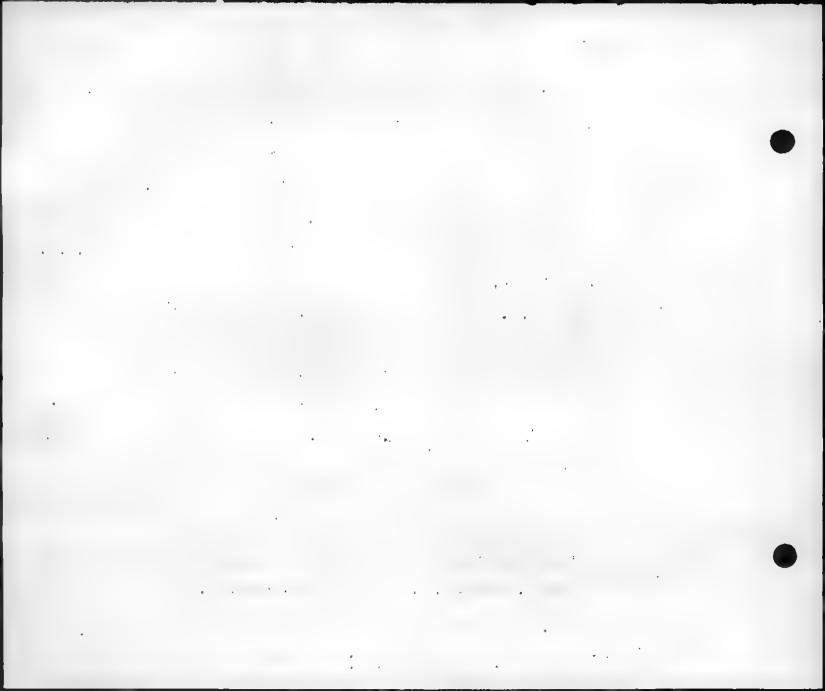


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY sician and completely filled in by the flease remove carbon papers. Pages 1 and in any event, within 72 hours after Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Hagerstown Hagerstown eeks d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Washing ton County Hospital Central Ave executed within 3. NAME DE First Middle Last DATE DECEASED Early Hicks Russell (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 7 DATE OF BIRTH WIDOWED [DIVORCED [eb.15.1893 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY. physician : ATTENDING PHYSICIAN: The law requires that the death certificate be INDUSTRY . Hicksville I. O remoyal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending primit. Them Hicks Mary Dennis Cadmus 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT as been signed by the atten as the burial-transit permit. prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) Lars Agnes Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (2 Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. has (C) CERTIFICATION r this certificate had detached for use a set to Dept. of Health p. PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU ERMINAL CISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the TO FUNERAL DIRECTOR: After the director, page 3 should be del should be fled with the State [factory, street, office bldg., etc.) be de State Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 46 M? from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE MED. DIRECTOR PHYSIPIAN'S ADDRESS NAME (Type) John C. Morton. Hagerstown, Md. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23c. REMOVAL (Specify) Dunkard Cemetery Burial FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | lion.e DATE

e. IS RESIDENCE ON A FARM? YES NO Month Day Year Feb. 37 ,1966 19 AGE (In years | If UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months | Days Hours 11. BIRT HPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT 34dress Centra, GearhartHaserstown, INTERVAL BETWEEN ONSET AND DEATH 19 WAS AUTOPSY PERFORMED? YES IN NO nature of injury in Part I or Part II of Item 18.) 20f. (City or town) (State) (County) 22b. DATE SIGNED 23d. LOCATION (City, town or county) (State) Broalfording M.G. YREGISTRAR'S SIGNATURE

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VR #15 (4) (



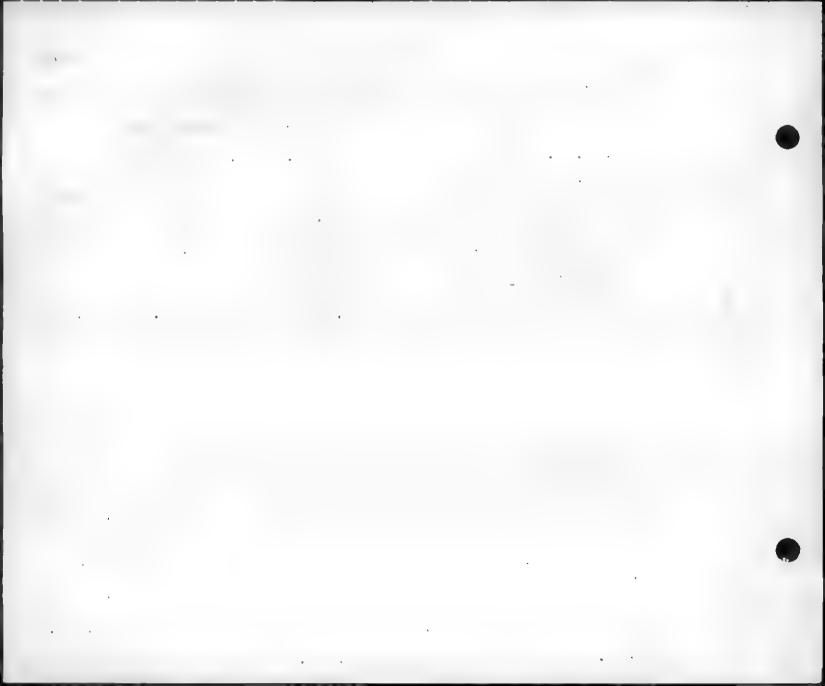
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission) e. COUNTY COUNTY Washington Maryland washington MARYLAND b. CITY OR TOWN (if outside corporale limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If cutside corporete limits, write RURAL and give nearest town) write RURAL and give nearest lown) 30yrs Hagerstown Md. Hagerstown Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Washington County Hospital Jonathan Street 3. NAME OF DATE Month Day Year DECEASED OF (Type or print) Frances DEATH Alice Keats 1966 Feb 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Hours Dec Female Colored WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Domestic family Keedysville, Md. USA. .⊆ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Roy Keats Lottie E. Keats 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) no Mrs. Edward Brown 308 N. Jonathan St 4-16-0867 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).] INTERVAL BETWEEN ö ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise lo immediate causa **DUE TO** (e), steling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY 0 CERTIFICATION PERFORMED? prior NO YES 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Perl I or Parl II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) 20d, INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Yeer 0 factory, street, office bldg., etc.) While Not While MEDI Hour e.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at 0.45M. from the causes and on the date stated above. 19....., that (1) saw the deceased alive on DATE Fhe ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHY5. M.D. PHYSICIAN'S ADDRESS 22d. NAME (Type Donald E. Martin 418 North Potomac St. Hagerstown .Md. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) BUTIA] Hagerstown Rose Hill Cemetery 25a. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) DATE 20M 5-63

후 ² キ by the filled in the Pages 1 urs after within papers. Pagin 72 hours completely carbon tt, within and OVe Then please Then permit. physician. ģ paub as been signed burial-transit attending The T certificate as use is o R: After this detached fo þ ATTENDING be retained DIRECTOR: 3 should be de may ന HOSPITAL page with II FUNERAL ector, I death. 0.53





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral death PLATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) c. COUNTY b. COUNTY Washington Maryland Washington oan papers. Pages 1 within 72 hours after MARYLAND b CITY OR TOWN (If outside carparate limits c. LENGTH OF STAY IN 16 c CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town Rural Hagerstown 25 years Rura1 Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) d. STREET ADDRESS 6 IS RESIDENCE ON A FARM? filled i R. F. D. YES NOT X R. F. 3 NAME OF Middle 4 DATE DECEASED OF DEATH February NAOMIA ELIZABETH KLINE (Type or print) 19 66 S SEX AGF (In years IF UNDER 24 HRS 6, COLOR OR RACE 8. DATE OF BIRTH JE LINDER I YEAR 7 MARRIES X NEVER MARRIED (ast birthday) Doys Hours White Female Aug. 2, 1901 WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work dane during most of working we even if retired) Own Home COUNTRY? attending physician sermit. Then please and Wolfsville, Md. 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME signed by the attending physi burial-transit permit. Then pl burial, cremation, ar remaval, Will Williams Witmer Anna 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 12-24-5814 J. Russell Kline Hag. Md. Rt. 1 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause has been be detached for use as the State Dept. of Health prior ta lost 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED! O FUNERAL DIRECTOR: After this certificate 200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAM, NER) 20d INSURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) 20c TIME OF INJURY Month, Dov. Year (County) (State) Hour om factory, street, affice bldg , etc.) Not While ot work should be 21 1 certify that (1) (this hospital) attended the deceased from director, page 3 should should be filed with the and that death occurred at sow the deceosed alive on? M, from causes and on the date stated above. 22a. SIGNATURE 22b DATE SIGNED ATTENDING 22c, PHYSICIAN S 22d. ADDRESS NAME (Type) 230 BURIAL CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 2-8-66 Mt. Pleasent Cemetery Near Smithsburg. 24 FUNERAL DIRECTOR 25b. REGISTRAR S SIGNATURE VR A15 (4) Minnich Smithsburg. Md. DATE ! 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) Washington b COUNTY MARYLAND Washington b. C.TY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonsboro negrest town) 36 Yrs. Boonsboro e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 105 St. Paul St. YES NO X 105 St. Paul St Middle 4 DATE 3 NAME OF First Lost Month OF DEATH DECEASED Winton Ernest Knode February 28 66 (Type or print) AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH NEVER MARRIED last birthdoy) Months Doys Hours Male WIDOWED DIVDRCED White April 1, 1906 27 10 12 C TIZEN OF WHAT 10o USUAL OCCLPATION (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & Store, or foreign country) Shoe Manufacturing during most of working ste, even if retired) Machine Operator COUNTRY? Rohrersville, Md. U. S. A. 14 MOTHER'S MAIDEN NAM 13. FATHER'S NAME Howard Knode Alta Haller 105 St. Addpaul St. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO **INFORMANT** (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Ellen Knode. Boonsboro. Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), gast (c) INTERVAL BETWEEP PRESET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove nse to immediate cause (a), **DUE TO** stoting the underlying couse lost. 19 WAS AUTOPS PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) FICATION PERFORMED? YES [NO 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) CERT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) m.o ruch foctory, street, office bldg etc. Not While of work 21. I certify that (I) (this haspital) attended the deceased from // 1966, and that death accurred a Mizzo PM, fram causes and an the date stated above. saw the deceased alive an 22b DATE SIGNED 22a. SIGNATURE ATTENDING M.D. DIRECTOR PHYS 22d, ADDRESS 22c PHYSICIAN S NAME (Type) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 3- 66 Boonsboro Cemetery Boonsboro. 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 1966 John H. Bast, Jr. 112 N. Main S. Boonsboro, Md. DAWAR

that the death certificate be executed within 24 hours after death

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O FUNERAL DIRECTOR: After this certificate

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director, page 3 should should be filed with the

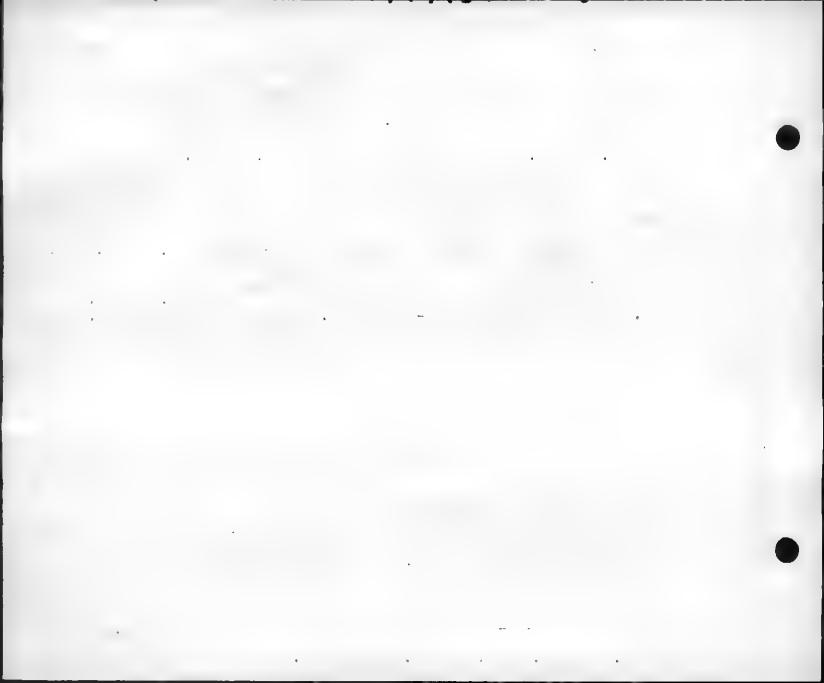
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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 moy be refained by the hospital or attending physicion.

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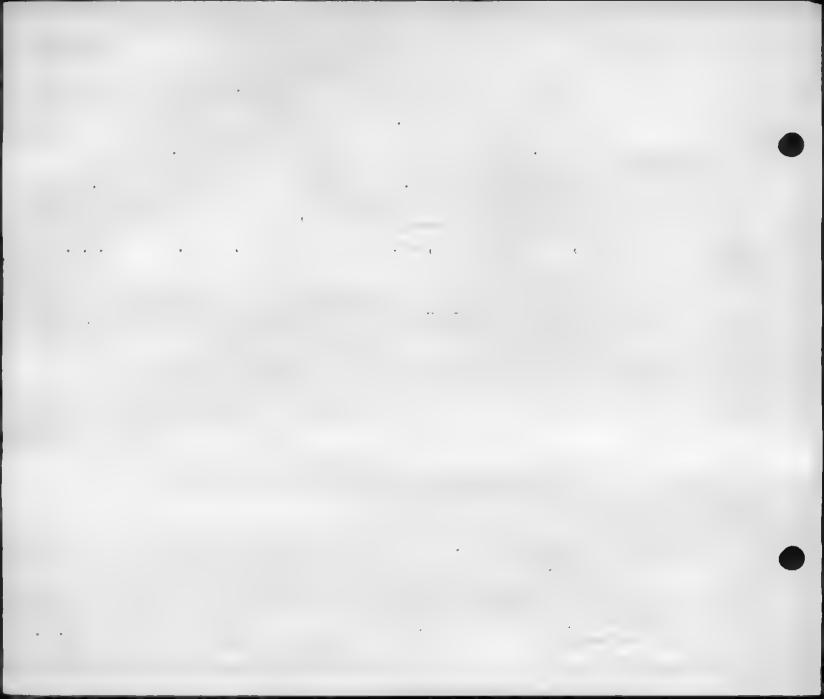
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formeral director, page 3 should be detached for use as the burial-transit permit. Then page 3 should be detached for use as the burial-transit permit. Then page 3 should be detached for use as the burial-transit permit. Then page 3 should be detached for use as the burial-transit permit. Then page 3 should be detached for use as the burial-transit permit. Then page 3 should be detached for use as the burial-transit permit. Then page 3 should be detached for use as the burial-transit permit. Then page 3 should be detached for use as the burial-transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICA	0.2008
1. PLACE OF DEATH	1 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before edimession)
a. COUNTY	a, STATE b. COUNTY
WASHINGTON MARYLAND	PENNA FRANKLIN
b. CITY OR TOWN (if putside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16	
HAGERSTOWN 18 HRS.	GREENCASTLE
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS •. IS RESIDENCE ON A FARM?
WASHINGTON CO. HOSPITAL	502 EAST BALTIMORE ST. 1 YES NO 2
3 NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print)	OF DEATH DESCRIPTION IN 1000
HARRY G.	RRINER FEBRUARY 4. 1766
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR. IF UNDER 24 HRS. lest birthday) Months Days Hours Min
MALE WHITE WIDOWED DIVORCED	JUNE 13. 1881 84 Y/S
10s. USUAL OCCUPATION (Give kind of work done during most of working Iila, avan if retirad)	TRY 11. BIRTHPLACE (County & State, or lors gn country) 12. CITIZEN OF WHAT COUNTRY?
FRUIT GROWER DEALER ORCHARD LIVESTO	CK FRANKLIN CO. PLNNA. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JONAS KRINER	EMIA ELLIOTT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17.	INFORMANT Address
(Yas, no, or unkown) (Ilyasgivawarordatasofservice) NO 198-30-4387	O D Wi O to New Gracken
NO 198-30-4387 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).	I INDERVAL BEDITEN
DART I DEATH WAS CALISED BY.	ONSET AND DEATH
IMMEDIATE CAUSE (a) _ CEEEBRAL	HEMOKRHAGE IR HRS -
DUE TO A	
Conditions, if any, which (b) ACTER10 - J	eLEROSIS - YENERALIZED)
gava rise to immadiate ceuse (a), stating the undarlying DUE TO	·
cause last. (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	PERFORMED?
	YES NO E
20%, ACCIDENT WAS UNDERLYING 20%, DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I or Part II of Itam 18.)
	LACE OF INJURY (Home, farm, 201, (City or town) (County) (State) actory, straet, office bldg., etc.)
Hour a.m. While Not While at work at work	A
21. I certify that (I) (this hospital) attended the deceased from	n. Aug. 1964 to . t.e.b., 1966, that (1) (we) last
saw the deceased alive on F. A 1966 e. and the	
22a. SIGNATURE	22b, DATE
This Holeto	M.D ATTENDING MED. STAFF PHYS. STAFF
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
NAME (TYPE) FF WEISSTEIL	YREEN GASTLES A.
238 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, fown or county) (State)
BURIAL 2/6/1966 Gedar Hill	Cemetery Greencastle Franklin Co.Pa.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cemetery TeenCastle, Franklin Co. Pa.
11 11/4 91	X 10 5500 1000
Thursday in germana files or	CATION DATE DO 1800

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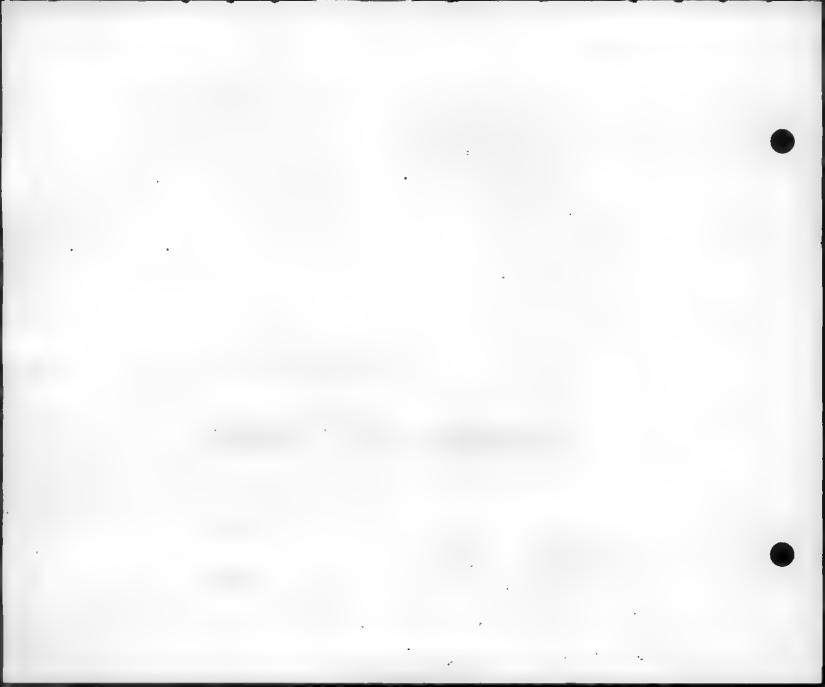
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE
CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. CDUNTY WASHINGTON D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) AGERSTOWN 2. USUAL RESIDENCE (Where deceased lived, If instit a. STATE D. COUNTY MARYLAND C. CITY OR TOWN (If outside corporate limits, write HAGERSTOWN) HAGERSTOWN							190 6 7 7	A-1		
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		Write RURAL	RSTOWN	st town)	30 YRS.	HAGERS		11160 110702 21		000 10
					hospital, give street address)	d. STREET ADDRESS	10111	_	e. IS R	ESIDENCE
7	-	WASHI	NGTON (COUNTY H	OSPITAL	1700 GOR	DON RD.		YES T	A FARMZ
	3.	NAME OF DECEASED (Type or print)	1	First MAR IE	JOYCE	Last LEHMAN	4. DATE Mon	-	Day Y 21 19	rear 9 66
	5.	SEX FEMALE	6. COLOR OR WHITE	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N WEACK MYWIED	2/21/1 9 0	_ lact_birthday	Months D	YEAR IF UND	
	10a dur	IN USUAL OCCUPATION OF WORK HOUSE	ing life, even if	fworkdone 10b.	KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (CO	unty & State, or foreign count	COU	IZEN OF WHA	
	13.	FATHER'S NAM			12,4123	14. MOTHER'S MAID				
		FRAN	K C. KA	LETZEL		BESSIE	WELLS			
	15 (Ye	NO unkown)	EVER IN U.S. AR! (If yes give war or	MED FORCES? 10 dates of service) 2		INFORMANT R. RICHARD		essHAGE.	RSTOW MD.	N
	Ĭ	18. CAUSE OF	DEATH (Enter o	only one cause per	line for (a), (b), and (c).]	A	,		INTERVAL E	BETWEEN
	Н	PART I, DE	EATH WAS CAUS	ED BY: CAUSE (a)	almonery Eul	tolam, 1	Massire		min	
		4651	Y	DUE TO						
		Conditions, If		(b)						-
		gave rise to cause (a), s		DUE TO						
	2	underlying caus		(c)			terror control on the	MEADTIG	119. WAS	ALITOPEV
	FICATION	PART II. OTHERS	SIGNIFICANT CO	NOTTIONS CONTRI	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	+ 1 = 1 - 1 / 1	N PART I(a)	PERF	ORMED?
2.	FIC/	House	Cholic		the llevelethras	us (opena	W 213/06	of Hom 10)	YES	NO [
	CERTI	20a. ACCIDENT DR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYI ING [] CAUSE D TIFY MEDICAL 1	P DEATH EXAMINER)	DESCRIBE HOW INJURY OCCU	KKED. (Enter Mature of	injury in Part I or Part II	of item 10.)		
	MEDICAL	20c. TIME OF Hour a.r p.i	n.	Day, Year 20d. While	le Not While factor	CE OF INJURY (Home, fa ry, street, office bldg., et	rm, 20f. (City or town)	(Count	(y)	(State)
	Σ				ided the deceased from 2	- 3/- 10	48 to 2-21	19/1/4	_ that (I)	(we) las
			ceased alive (OPM, from the cause	,	,	
		22a. SIGNATUI		Welt	M.D	ATTENDING	MED. STAFF DIRECTOR PHYS.		E SIGNED	65
		22c. PHYSICIA NAME (T		on M. well	1.D.	998 Poto	ac Ave., Jago	rsto in	, 15.	
	23a	BURIAL, CREM	ATION, 23b.	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town or coun	ty)	(State)
		BURTA	L 2,	/24/66		BRETHERN	BROWNSV	ILLE	MD.	
	24	. FUNERAL DIRE	CTOR	1/6	ADDRESS	25a. REC	D BY REGISTRAR 25b.	REGISTRAR'S	SIGNATURE	
	1 /.	1	1. 30076	-1 / 60	114/34/1766	11971-1-1	/. / 1 5		2	1 11

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please-remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 20M 1, 15 (4) 1/65





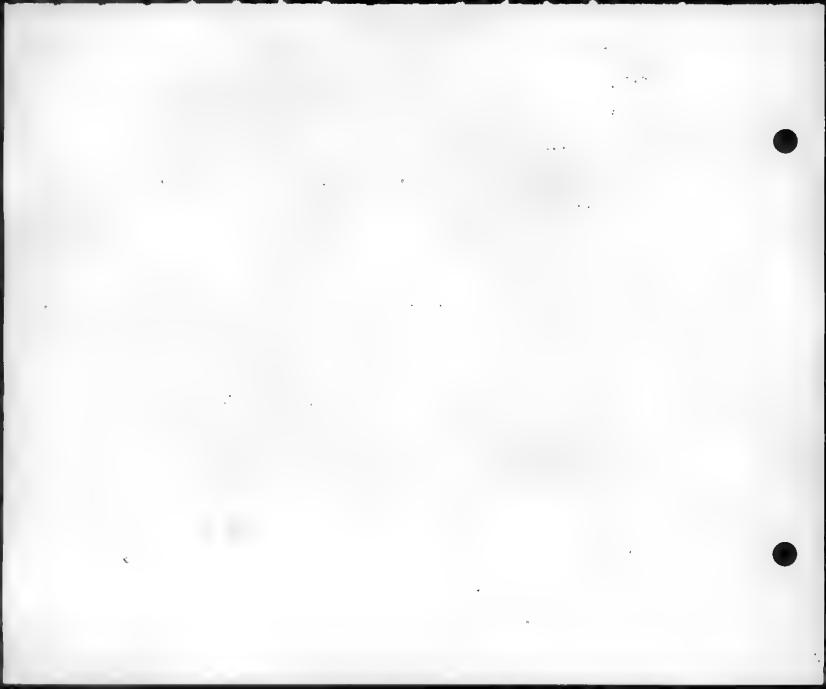
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[Rame 4 may be retained by the Rospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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ī. Wa	PLACE OF DEATH assiling to	on		MARYLA	ND	2. USUAL RESIDENC MaryTand	E (Where de	ceased lived, If ins	eder:	lesidence	before ad	mission)
]	b. CITY OR TOW Hagerst	N (if outside co and give neare	orporate limits, est town)	14 days	N 1b	Burkitts			Ite RURAL	and giv	e neares	t town)
W			Hospital	ospital, givo street add -	ress)	d. STREET ADDRESS					ON A F	DENCE ARM?
	NAME OF DECEASED (Type or print)	Armst		Middle U.		Last Magaha	4. DATE OF DEATH			Day 3	Yea 196	6
Ma	ale	White	WIDOWED	DIVORCED	. ! !	Dec. 5,187	3 9	AGE (in years last birthday) yrs.	Months	Days	Hours	Min,
du.	a USUALOCCUPAT THIS MOST OF WORK FAIMEI	ing life, even lf	retired) Ref	IND OF BUSINESS OR NDUSTRY Clied		Maryland		, or foreign country	U .	OUNTRY S.A	OF WHAT ?	
]	Frankli	n Magal				Julia Bon						
15 (Y.	S. WAS DECEASED I	EVER IN U.S. ARI (If yes give war o	MED FORCES? 16. r dates of service) 2	social security no. 14-36-0409		informant uise Magah	a I	Addre Burkitt		le,	Md.	
		EATH WAS CAUS IMMEDIATE (any, which Immediate tating the	SED BY:	Grown (a), (b), and (c)? Grown I man		menun	na	with n	nits.		RVAL BET AND I	TWEEN DEATH
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLY	OF DEATH		OCCU	TED TO THE LEMMINAL D	ISEASE CON	DITION GIVEN IN	PART 1(a)	YE	WAS AU PERFOR	
MEDICAL	20c. TIME OF Hour a.r	m.	, Day, Year 20d. I While 19 at work	Not While	e. PLA factor	CE OF INJURY (Home, fa ry, street, office bldg., et	rm, 20f.	(City or town)	(C01	unty)	(S	itate)
		ceased alive (ed the deceased from 19, and		death occurred at	to.		and on t	he date ATE SIG		above.
24	a. BURIAL, CREN BURIMOVAD (Spi A. FUNERAL DIRE Gladhil	CTOR	0.6,1966	Union Ce ADDRESS	met	tery 25a. REC		CATION (City, to	lle,	'S SIGN	Md.	rate)
	Crac Co oo a a a a a a				7 *	DATE	0	Wob	_ 'Y.	Ca ya	udge	=

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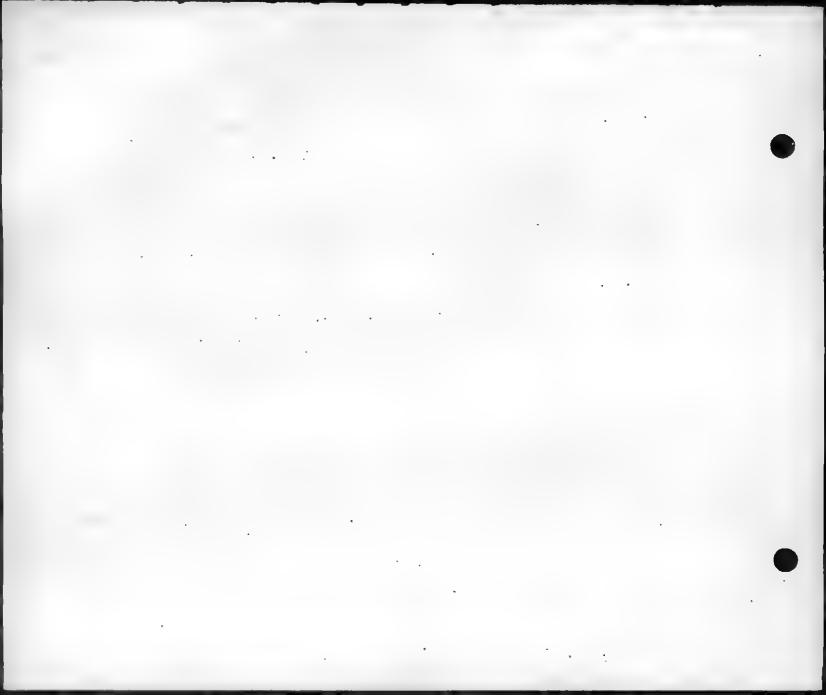
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USDAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Washington MARYLAND	s. STATE Penna York
	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Williamsport 14 Yrs 3 Mod	- Warranger
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE
	ON A FARM?
Homewood Church Home Inc	217 Broadway YES NO
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) IDA SHUE LAJ	TOR DEATH Feby 3 1963 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
Fenale Thite WIDOWER DIVORCED N	Nov 10 1880 85 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Housewife Own Home	Glenville York Co Pa. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
7 - ab - mile a Chara	E. 24 . M
Zgonarias Shue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO, 17.	Engline Tracey
(Yes, no, or unkown) (If yes give war or dates of service)	
	G. Wagner 2570 VirginiaAve
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	illiansport Ad. INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MOLICE M. CH. CH. C. M.	F LUITERIAMA HUM
2002 DUE TO	7.7
Conditions, If any, which (b)	•
gave rise to immediate (
underly control to	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
THE STATE OF THE S	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	YES NO
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
Hour a.m. p.m. 19 at work not While factor	/y, street, unice bigg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	ing 15, 1965 to Fel 3, 1968 that (1) (we) last
21. I certify that the time hospital attended the deceased from C	t death occurred at 750 M, from the causes and on the date stated above.
saw the deceased alive on 1966, and that	death occurred at A M, from the causes and on the date stated above.
R. D. I. P. Tana	ATTENDING MED. STAFF 7-4-66
22c. PHYSICIAN'S O M.D	PHYS. PHYS.
NAME (Type) Nober + P. Corrad	22d. ADDRESS 137 W. Washington
	मिन्दुक्र प्रति ७ गर, मार्थ .
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burial Febr 7 1034 0 00000 5	The state of the s
24. FUNERAL DIRECTOR HOLL OF CONTROL ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Andrew K. Coffman Funeral Home I	no parest s 1000

VR A15 (4) 20M 1/65

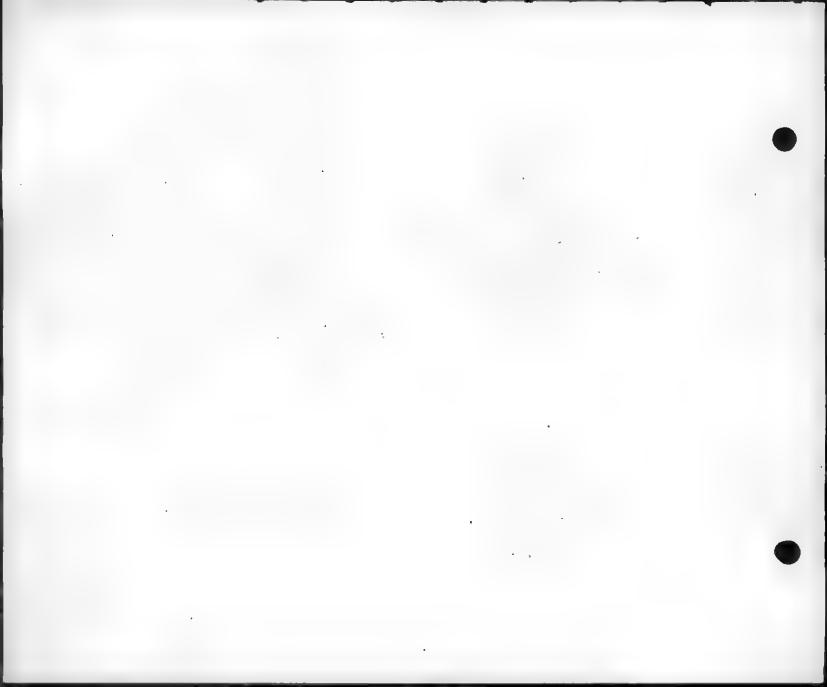


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. xecuted within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION	OF STATIS	HUAL RESE	ARCH AND RECO	RDS, 3	OT W. PRESTON	STREET, B	ALTIMORE 1	I, MARYLANI	1
	02833			CERTIFIC	ATE	OF DEATH		4	02913	
1.	PLACE OF DEATH	, ,			2	. USUAL RESIDENCE			n: Residence before	admission)
	TUas.	hinai	Tool	MARYLA	ND	a. STATE	m. 1.11.m.	b. COUNTY		4
	b. CITY OR TOWN (if outside corp	orate limits,	c. LENGTH OF STAY II		. CITY OR TOWN (IF o	utelde corporate	limits, write RU	RAL and give nea	rest town)
	V115110 -	no Blea Mealest	7	142 2mo	5.	Wayn	P.Shar	1	£	
	d. NAME OF HOSPI	TAL OR INSTITU	ÍTIÓN (if not In h	Ospital, give street add	ress) d	. STREET ADDRESS	20000	2	e. IS R	ESIDENCE A FARM?
	William	15por7	SAMI	TAYIOM		8 4 W.m1	ginst.		YES [No Z
3.	NAME OF DECEASED		First	Middle		Last	4. DATE OF	Month	Day	Year
	(Type or print)	h	NNA		/	MANON	DEATH	Chruary		966
5.	SEX 6	. COLOR OR RA	CE 7. MARRIED	NEVER MARRIED	3 8.	DATE OF BIRTH	9. AGE	(in years if UM birthday) Monti	DER 1 YEAR FUNI	
_/	Female!	WhiTe	MIDOMED	<u> </u>] /V	V.27 188	4 81	yrs.		
10:	a. USUAL OCCUPATION Ing most of working	i (Give kind of w life, even if re	ork done 10b. K	IND OF BUSINESS OR NDUSTRY	1	11. BIRTHPLACE (Cour	nty & State, or fore	ign country) 12	2. CITIZEN OF WH COUNTRY?	AT
	House C	: 6				Greene 4. MOTHER'S MAIDE	457/0.	Penna	W.S.A.	
13		0				-	N NAME			
	William	n CAN	TNEr			SAlly For	CMAN			
(Yi	. WAS DECEASED EVE	R INU,S. ARMEI	D FORCES? 16. tes of service)	SOCIAL SECURITY NO.	17. IN	FORMANT		Address		
_	No		26	5-60-0524	Mrs.	Elsie Bo	4Kin	Wayn	esporo	Pa,
			1	ine for (a), (b), and (c).]	1	1			INTERVAL ONSET AN	
	PART I. DEAT	H WAS CAUSED MMEDIATE CAU	BY:	eveloval	}.	temore	ے چے اقدا		2 4	
	7313		OUE TO	1 1		140	16		0	1
	Conditions, if any	, which \		reprel	1	4 Thero	30/000	5/5		
	gave rise to Im cause (a), stati). P	DUE TO							
_	underlying cause I	ast.	(c)							
T101	PART II. OTHER SIG	NIFICANT COND	ITIONS CONTRIB	TING TO DEATH BUT NOT	RELATEO	TOTHETERMINAL DIS	SEASE CONDITION	GIVEN IN PART I	I(a) 19. WAS	AUTOPSY ORMED?
FICA	· · · · · · · · · · · · · · · · · · ·	Iou	70						YES _	NO W
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIF	S UNDERLYING	DEATH 20b.	DESCRIBE HOW INJURY	OCCURR	ED. (Enter nature of li	njury in Part I o	Part II of Item	18.)	
		1		William Coolings I ac	m1 4 6 m	00 141 111111 111	1 001		/2	eme - h - S
MEDICAL	20c. TIME OF INJ	URY MIDITIN, DE	ay, rear 200. I	The same of the sa	factory,	OF INJURY (Home, farm street, other bldg., etc	n, 20f. (City o	r town)	(County)	(State)
ME	p.m.		19 at work	k at work			1	1		
				ed the deceased from					9_66 that Of	
	saw the decea	sed alive on	Tely //	19_ <i>ما حا</i> _n and	that de	eath occurred at 1	M, from the		on the date stat	ed above.
	22a. SIGNATURE	1/1/2-5	70 //5			ATTENDING ME		AFF _ 22b.	DATE SIGNED	,
/	226. PHYSICIAN'S	1/6/1	MILLAN		M.D.	PHYS. DI.	RECTOR PH	IYS.	1) - Ce (P
v-8-81-10	NAME (Type)		, 134	· Kit		Willia	mspe	ord	Mol.	
232	BURIAL, CREMAT		TE THEREOF	23c. NAME OF CEM	ETERY OR	CREMATORY	23d. LOCATIO	N (City, town or	county)	(State)
	BURIAL	Fe.	b. 16, 1966	Gire	en i	-(11)			JAK/14Co	, P2
24	. FUNERAL DIRECTI	DR O A	,	ADDRESS		25a. REC'I		200	RAR'S SIGNATURE	1
_	Walter	V. 4	LOVE	Waynest	10	DATE .	16 1966	1	20 7 12 4	12

VR A15 (4) 20M 1/65



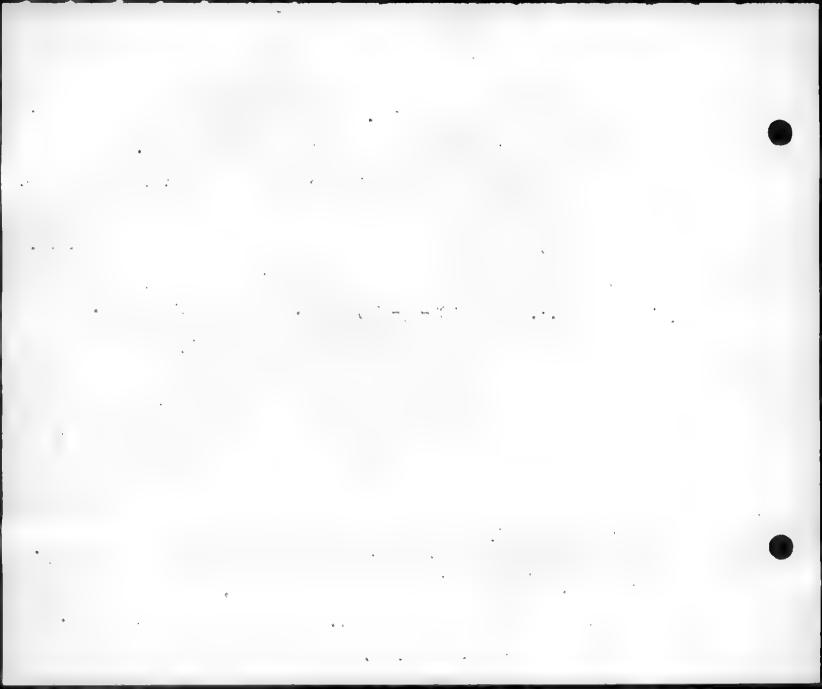
TO HOSPITAL OR ATTENDING PHYSICIAN: The law remuirms that the death cardillicate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02534
CERTIFICATE OF DEATH

00003	
1. PLACE OF BEATH AS COUNTY	2. USUAL RESIDENCE (Where decrased lived, If institution: Residence before admission) a. STATE b. COUNTY ;
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) HAGERS TO LU N	CHAPEL ONKS =
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
WESTERN MARYLAND STATE HOSP.	5406- NASH STREET YES NO
3. NAME OF DECEASED First C Middle	Last / 4. DATE Month Day Year
(Type or print)	Collocate DEATH 1 66 26 1966
5. SEX _ 6. SOLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Jast bythday) Months Days Hours Min.
T Negre of WIDOWED DIVORCED	1 X1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
10a. USUAL OCCUPATION (give kind of work done during most of working life, even it retired) (NDUSTRY	COUNTRY?
NURSES 11,0 1-105/11THL	WPST VIRGINIA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME SARAH L. PIERCE
CHARLES G. FERGUSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	J'OUNTY.
232-38-0438 W.	Illiam Mª Collough Chapel Oaks
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Met knewn
DUE TO "7./	1/11/
Conditions, If any, which (b) IT MEC SCIR CE	inh Left Leg 16 100
gave rise to immediate cause (a), stating the DUE TO	// 0/
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 2DA. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES YES YES YES YES YES
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
정 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
ZDC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour s.m. While Not While fact p.m. 19 at work at work	2
21. I certify that (I) (this hospital) attended the deceased from	2 / 10 , 19 (c to 2 / 2 C, 19 (c that (1) (we) last
saw the deceased alive on	t death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 220. DATE SIGNED
Surroll rupo M.	D. PHYS. DIRECTOR PHYS. DI COCCIO
22c. PHYSICIAN'S NAME (Type) ARTURK LIEGE	15th terms. Alicone Hayerston
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial (Spechy) 12/25/66 Arlington M	
24. FUNERAL DIRECTOR John 1. Slewa ADDRESS XI	25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Stewart Funeral Home 4001 Benning	Rd. Mate EB 21 1988 Porto July

VR AI5 (4) 20M 1/65



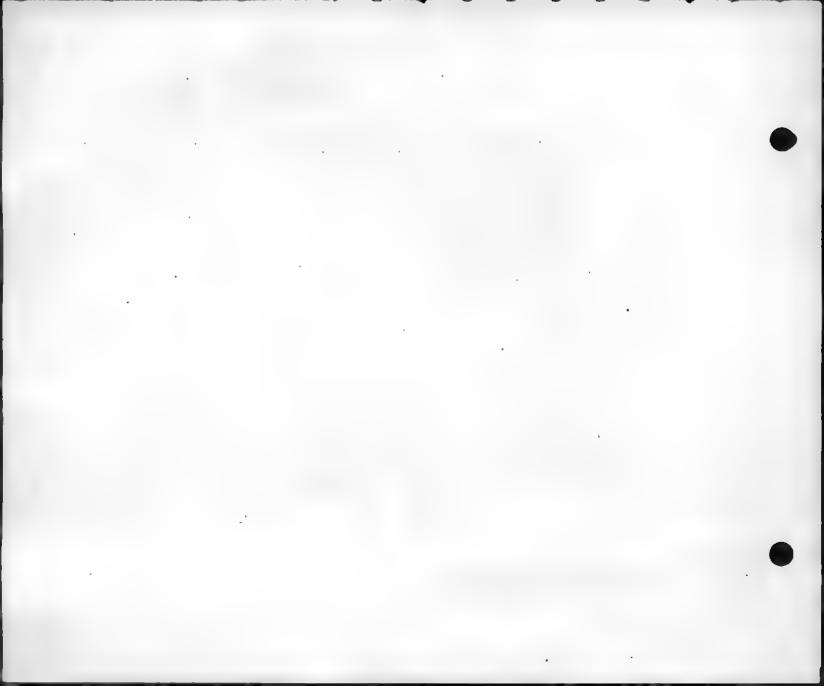
MARYLAND STATE DEPARTMENT OF HEALTH



		E DEPARTMENT OF		
DIVISION OF STATIS	TICAL RESEARCH AND REC	ORDS, 301 W. PRESTON	STREET, BALTIMOR	E 1, MARYLAND
62236 w	CERTIFI	CATE OF DEATH	C	020
. PLACE OF DEATH // Line from	ylon Co.	1 2. USUAL RESIDENCE	(Where deceased lived, It Instit	ution: Residence before

	52220	10 1 -1 0	CERTIFICAT	E OF DEATH	(92016
1.		Much you to	1 t t m . 7 . 1 1 1 m	2. USUAL RESIDENCE	(Where deceased lived, It Institution: I	Residence before admission)
	HAM	arstnain -	MA - MARYLANO	MA STATE / ALT	Prince	GARRA
-	b. CITY OR TOWN HI	outside corporate limits,	d LENGTH OF STAY IN 15	c, CITY DR TOWN (If ou	tside corporate limits, write RURAL	and give nearest town)
	write RURAL and	give nearest town)				, 1
F	d. NAME OF HOSPITA	AL OR INSTITUTION (If not in	hospitai, give street address)	d. STREET ADDRESS	A A/	e. IS RESIDENCE
3	Mariland	Ctato Il was	Ttal Haggetow!	815-6	OTTO DI MINI	ON A FARM?
=	NAME OF	state dosp	Middle Ma	1013.00	1 A. COAK	TO YES NO NO
١.	DECEASED	1/201	Milliot.	A Kast	OF Month	Day Year
5.	(Type or print)	COLOR OR RACE 17 MARRIE	CINEKIA	8. OATE OF BIRTH	DEATH - L. AGE (In years) IF UNDER	1966 11 YEAR II F UNDER 24 HRS.
	T 1	I P Ja	O NEVER MARRIED	2/10/2	AGE (In years IFUNDER	Oays Hours Min.
10	a USUAL DCCUPATION	Charles Michael 10h	OIVORCED NINESS OR	(1) 907401405 (04)	yrs.	1717EN OF WHAT
	ng most of working li		INOUSTRY	II. BIRTHPURCE (Coun	ty & State, exforeign country) 12. C	OUNTRY2
1_1		1/1/C		Washin	gion V.C.	134
13	. FATHER'S NAME	11-4-1.1	1.	14. MOTHER'S MAIDEN	MAME 1/12	
	Inomas	MILLENE	1	EMM	a 1-1115	
ί̈́	5. WAS DECEASED EVER es, no, or ugfkgwn) (If y	IN U.S. ARMED FORCES? 16 es give war or dates of service)	5. SOCIAL SECURITY NO. 17.	IMFORMANT	Address	(Daughton)
_	NO			velores	Nelson Doo	mer
	18. CAUSE OF DEAT	H [Enter only one cause per	line for (a), (b), and (c).]		1	INTERVAL BETWEEN ONSET AND DEATH
ı		WAS CAUSED BY: IMEDIATE CAUSE (a)	Obulak J	Torre	nea	10 Klasse
1	, L	OUE TO	, , , ,	1	<i>j</i> .	7
	Conditions, if any,	which (b)	Enline -A	Lent 12	nanc_	6 mos,
	gave rise to Imm cause (a), stating				,1	
_	underlying cause las					
10	PART II. OTHER SIGNI	FICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL OIS	EASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
ICAT	din	betin-1	Millitar			YES NO D
E	20a. ACCIDENT WAS	UNOERLYING 20b.	DESCRIBE HOW INJURY OCC	URREO. (Enter nature of In	Jury In Part I or Part II of Item 18	3)
CERTI	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)				
CAL		RY Month, Day, Year 20d.		ICE OF INJURY (Home, farm		unty) (State)
MEDI	Hour a.m., p.m.	19 at wo	B NOT WHITE	ory, street, office bldg., etc.	'	
≥	-	at (I) (this hospital) atten		1/- 2 196	5 to 2-19 19/	that (I) (we) last
ı	saw the decease	1//	/ /	//	M, from the causes and on t	
	22a. SIGNATURE			,		ATE SIGNED
1	of	Attell rue	Ellet M.	D. PHYS. ME	D. STAFF PHYS.	2/19/66
1	22c. PHYSICIAN'S NAME (Type)	The state of the s	D'-0	22d. AOORESS		- of 6 1
	tavair (13be)	HRI UKO	KIEGO	1360 18m	ea, ave Hogen	STOUTH INd.
23	BURIAL, CREMATIO	N, 23b. OATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d LOCATION (City, town or co	unty) (State)
1	Urial-	2-23-1966	Harmony M	emorial	ranham 1.6	1.60- Na
24	1.7 FUNERAL DIRECTOR	0	AOORESS	25a." REC'0	BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
1//	il Viane Mi	MARKON - 524	-8-St N.F. Wash	DC DATE B	23 1956 /	10:

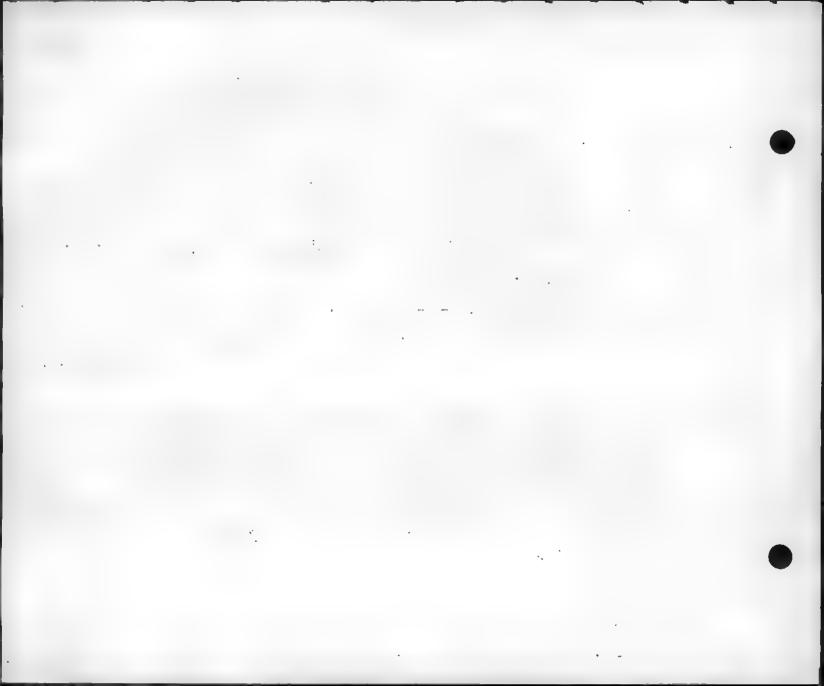
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VR AL5 (4) 20M I/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

to be to the	
1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. CDUNTY
Washin ton MARYLA	35
b. CITY DR TOWN (If outside corporate limits, c. LENGTH DF STAY	
Write RURAL and give nearest town) Hagerstown 5 Month	Cumberland Route #3- Bedford Road
d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street add	ress) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
Western Maryland State Hospital	YES ND
3. NAME OF First Middle	Di Last 4. DATE Month Day Year
(Type or print) Plasty 1	11651C/C DEATH 7-Ch 2/ 19/6
5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED	8. DATE DF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. Iast birthday) Months Days Hours Min.
Female ///E WIDDWED DIVORCED	February 9,1901 65 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT CDUNTRY?
_ Housekeeper	Pennsylvania (Bedford) Co U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George E. Hardman	Alice Mann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. (Yes, no, or unknown) (If yes give war or dates of service)	17. INFORMANT Address Route #3
No 177-32-9952	Mrs. Aubrey A. Chambers Cumberland, Md
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	INTERVAL BETWEEN ONSET AND, DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chicl	an meumona 16 Jacks
DUE TO O	11/11/10
Conditions, If any, which) (Carele 2 16	mintens 8 mis.
gave rise to immediate cause (e), stating the DUE TD	
underlying cause last. (c)	
PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
L C L C L C L C L C L C L C L C L C L C	YES ND
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ND 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DCCURRED. (Enter nature of injury in Part ! or Part II of Item 18.)
NOTE OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20	e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20 Hour a.m. While Not While p.m. 19 at work at work	factory, street, office bldg., etc.)
21. I certify that (i) (this hospital) attended the deceased fro	m 9/13 1965; to 2/2/ 1966, that (1) (we) last
	d that death/occurred at
22a. SIGNATURE	22b. DATE SIGNED
- Xanol Vicani	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) HRKURIJKIEGO	1561 Tenna Clase Hage well in
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEN	ETERY DR CREMATDRY 23d. LOCATION (City, town or county) (State)
Burial 2/24/66 Mt Herman	
24. FUNERAL DIRECTOR ADDRESS	252 REGID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Ruth E. Silcox Cumberland Maryla	nd 21502 DATE - 2 4 1950 free flage

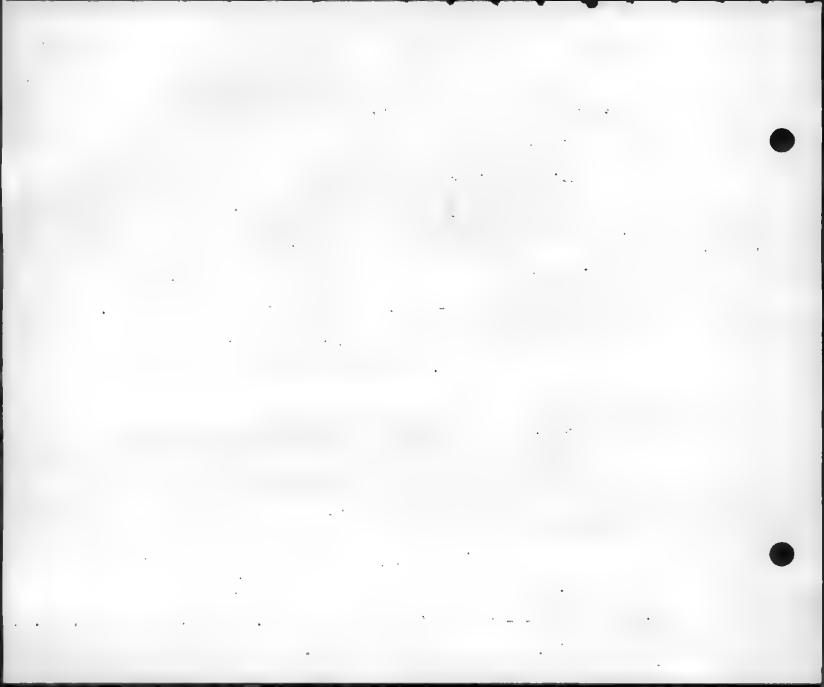


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remayer carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and hearth within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

JEKINIOA I	IL OI DENIII	1 hours 10
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institution: I	Residence before admission)
a. county Washington MARYLAND	a. STATE Maryland b. COUNTY	Frederick
b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write RURA)	
Harden Stown earest town) 9 mos.	Thurmont /	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS	6. IS RESIDENCE ON A FARM?
Western Maryland State Hospital		YES NO X
3. NAME OF PIRST Middle	Last 4. DATE Month	Oay Year
(Type or print) ITCaude Catherine 1	MESSNER DEATH TEB. 1	19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (in years IFUNDER last hirthday) Months	Days Hours Min.
Female White WIDOWED X DIVORCED	Jept. 11/873 72 yrs.	
10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired)	C	ITIZEN OF WHAT OUNTRY?
Housewife Own Home	Maryland	USA
	14. MOTHER'S MAIDEN NAME	
James Isanogle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Emma Eicholtz INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)		77
No [220-03-3923]	Grace Baker 249 Fred. St	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSEO BY:	Sagar Falling	ONSET AND DEATH
IMMEDIATE CAUSE (a)	seart failure	20045
Cenditions, If any, which \ OUE TO CERTERIOSCIER	20 fic heapt dissuss	unknount
gave rise to Immediate (TOTTO TIELLES CITATION	877
cause (a), stating the OUE IO underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Eli Diabetes Mellitus (2) old po	sprior myo cardial infarcha	YES NO 12
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REI OF CONTRIBUTING DEATH OF CONTRIBUTING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OF CONTRIBUTING DEATH OF CONTRIBUTING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURREO. (Enter nature of injury in Part I or Part II of Item 18	3.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (Co	unty) (State)
p.m. 19 at work at work	tory, street, office bldg., etc.)	
21. I certify that (1) (this hospital) attended the deceased from	1pril 7, 1965, to 790, 1, 196	6, that (I) (we) last
saw the deceased alive on 186, 1 19.66, and the		he date stated above.
	ATTENDING - MED - STAFE -	6. 1, 1966.
22c. PHYSICIAN'S Use Car A. Ramas M	22d. ADORESS We steen md. Sta	
NAME (Type) VICTOR L. Ramos	Hagershungma	2,7-27
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or co	unty) (State)
Duriar 2-4-00 [united bre	thren Cem. Thurmont F	red. Co. Md
24. FUNERAL DIRECTOR AODRESS	Md 258 REC'O BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
ktypritryk (Ouggi Thurmont	Md. DATE B 4 1966 juliane	es judge
		4.6 57



MARYLAND STATE DEPARTMENT OF HEALTH

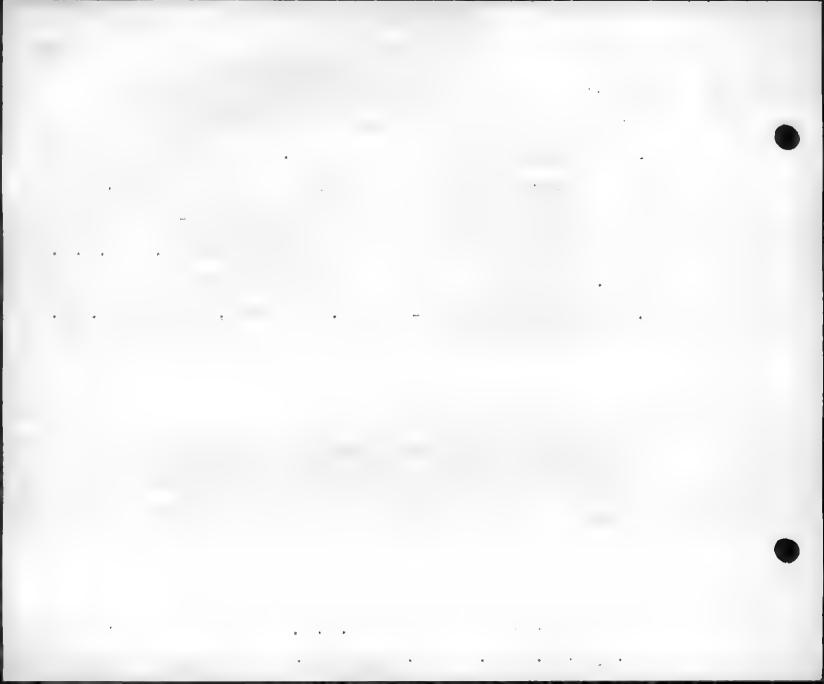
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

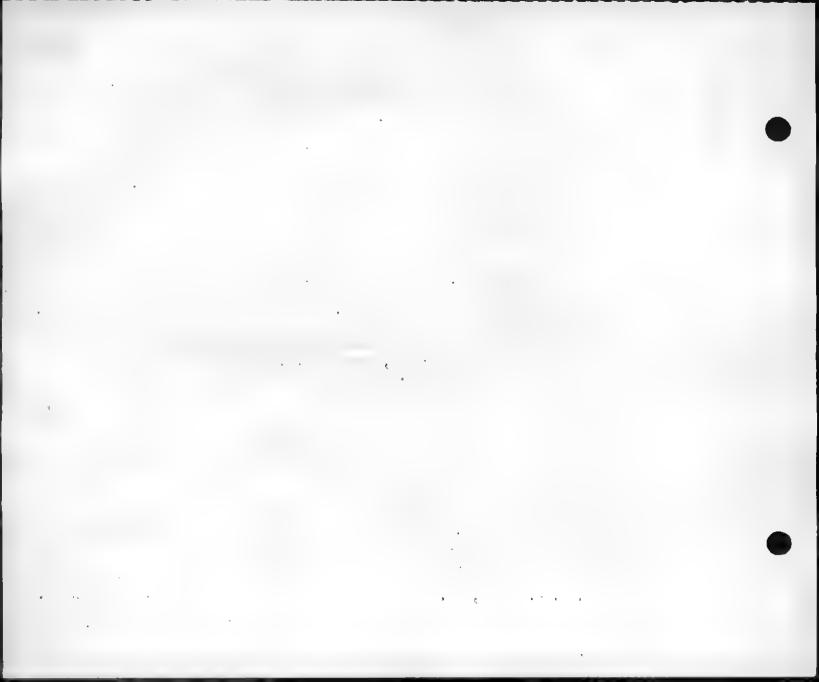
4.	PLACE OF DEATH			there deceased lived, if institution Residen	ce before admission)
1	Washington	MARYLAND	o. SIATE Maryland	Frederic	k v
Г	b CITY OR TOWN (If outside carparate mits	c LENGTH OF STAY IN 16	c CITY OR TOWN (If aut	Iside corparate limits, write RURAL and give	e nearest tawn)
	Hagerstown	15 Months	Rural My	versville	
	d NAME OF HOSPITAL OR INSTITUTION (If not in ho	ispital, give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
	Washington County Hosp	ital	Rfd. 1		YES NO
3	NAME OF First	Middle	Lost	4 DATE Month	Day Year
	(Type or print) Edgar	Samuel	Naille	DEATH February 4,	19 66
5	SEX 6 COLOR OR RACE 7 Mi	ARRIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years F UNDER	Days Hours Min
	Male White WI	DOWED DIVORCED	June 2, 189	75- Yrs 8	2 100015 10011
	a. USCAL OCCUPATION (G ve kind of work done	106 KIND OF BUSINESS OR	11 BIRTHPLACE (County &		TIZEN OF WHAT UNTRY?
du	ring mast of warking life, even if retired) Carpenter	Building	Rural Mye		. S. A.
13	I. FATHER'S NAME		14. MOTHER'S MAIDEN N		
	David H. Naille		Missouri	. Harshman	
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17.	INFORMANT	Address	
1,	es_no, or unknown) (If yes give war ar dates of servi	219-12-1879 M	r. Elvin Nai	lle, Myersville Rf	d.l Md.
	18. CAUSE OF DEATH (Enter only one couse per	line far (a), (b), and (c).)			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	METASTATIC C	TROINDME		ONSET AND DEATH
	T DUE TO				7
ı	Conditions, if ony, which gave) (b)	Comercome o	+ STOM	a se se	-
	rise to immediate cause (a), Stating the underlying couse				
	(c)				
2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	JUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
ATIO	Marianscriperon.	Hypsensusive C	1 N D126	- MS-Z	YES NO
CERTIFICATION	20d ACCIDENT WAS UNDERLYING □	205. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in P	Part 1 ar Part II of Hem 18)	
	I III LITTLE, NOTILI MEDICALLAMIINILKI				
MEDICAL	20c TIME OF INJURY Month, Doy, Year		CE OF INJURY (Home, form,	, 20f (City or town) (Cos	unty) (Stote)
MED	Hour o.m. p.m. 19	While Not While of fact	tary, street, affice bklg., etc.)		
	21. I certify that (I) (this haspital)		1/00	965, to 4 1=55, 196	be, that (I) (we) last
		F 5 19 60, and tha	t death accurred at.	M, fram causes and an ti	
	220. SIGNATURE		ATTENDING	ALED CTAFF	ATE SIGNED
	الم الم	M.	D. PHYS	MED. DIRECTOR D PHYS D 5	F536"
	22c. PHYSICIAN'S		22d. ADDRESS	< 1(.	1.
	NAME (Type) W M. (-2	4062	218 H. Por	omice DT. ARIENSTORM.	my
23	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)
	Burial 2- 7- 66	Myersville E	. II. B.	Myersville, Md.	
	4 FUNERAL DIRECTOR	ADDRESS	25a_REC'D	BY REGISTRAR S S	A .
I.T	ohn H. Rest. Jr. 112 N	- Main St - Boomaha	TO ME LE	8 1904 47/- 4	en Verdas

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please Panave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, with the State Dept. of Health priar to burial, crematian, ar removal, with the state Dept. of Health priar to burial, crematian, ar removal, who went, within 72 hours after death. TO NOTIFIE OF ATTRIBUTE MINICIAL: The law requires that the death certificate be executed within 24 hours after Teath. Page 4 may be retained by the Rospital or attending Physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND funeral c. CITY OR TOWN (if outside corporata limits, write RURAL end give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b the e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Hond YES NO L DATE Yaar NAME DE DECEASED DEATH (Type or print) 19 AGE (In years, IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Hours June WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 1Da. USUAL OCCUPATION (Giva kind of work dona) BIRTHPLACE (State or foraign country) 10b, KIND OF BUSINESS OR during most of working lifa, evan if retired) alfia : :lem Jusan File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Addrass 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: Carcinoma Of Transverse Colon With Erosion Recent DUE TO Into Stomach, Obstruction, & Massive Conditions, if any, which (b) Hemorrhage. execute the certificate, writing the word "ben Page 4 should be forwarded to the Chief Medi of for your files. gave rise to immediate DUE TO cause (a), stating the used as a to burial, underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES __ NO [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert 1 or Pert 11 of Item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CAUSE OF DEATH. 2 2 3 should MEDICAL 2Df. (City or town) 2DC. TIME OF INJURY Month, Dey, Year | 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, (County) (Stata) factory, straat, office bldg., etc.) Hour a.m. While Not While at work At work 21. I certify that I took charge of the remains described above, held an Autopsy oc., Inspection Inquiry . and in my opinion of Health or its design Undetermined manner Natural causes x. Accident Suicide Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER please ex director. retained f **EXAMINER'S** Addrass (Street, city, town, or county) Hagerstown, Md. NAME (Type) Dr. E. W. Ditto CV 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Trans. L. COLL V. JUNGERY 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR AL5ME (5) 1/65



Lagerstown ...d

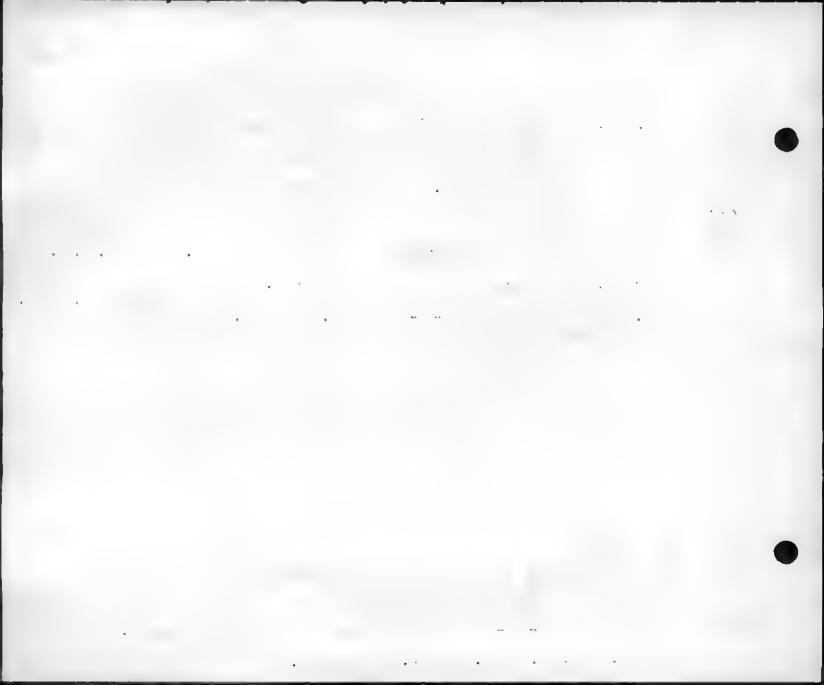


ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY by the and 2 death. Washing Maryland Vashington MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ۵ write RURAL end give neerest town) after Hagerstown Md. | 5yrs.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 2 Hagerstown Maryland Pages filled i d. STREET ADDRESS . IS RESIDENCE ON A FARM? 138 Washington County Hospital . North Street YES NO X completely 3. NAME OF DATE paper Middle Dey Year DECEASED (Type or print) (none) Parker Eugene DEATH Feb 28 1966 c withi carbon 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED K. 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last b'rthday) Months Male Colored event, Dec WIDOWEO [DIVORCED | attending physician 100. USUAL OCCUPATION (Give kind of work please remove 10b. KIND OF BUSINESS OR INDUSTRY BIRTHP, ACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! dona during most of working life, even if retired) Middlestown, any Laborer Packing house Va. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Elias Parker Emma Anker Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal, (Yes, no, or unkown) (Hyasgiva werordatesofservice) 138 W. North St the Charlotte Parker requires that no permit. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] physician. INTERVAL BETWEEN signed by PART I. DEATH WAS CAUSED BY ò IMMEDIATE CAUSE (a cremation, burial-transit DUE TO attending Conditions, if any, which been gave risa lo immadiata cause **DUE TO** (a), stating the underlying has cause last. (c) the Ь PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0.] 19. WAS AUTOPSY this certificate CERTIFICATION the hospital Se 5 PERFORMED? use prior NO L 208 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Entar nature of injury in Part I or Pert II of Item 18.) ò Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached may be retained by DIRECTOR: After MEDICAL ATTENDING 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) While Not While factory, street, office bldg., etc.) Hour a.m. ŏ, at work at work State Dept. 8 21 I certify that (I) (this hospital) attended the deceased from. *1904, and that death occurred at 6.8 phods from the causes and on the date stated above saw the deceased alive on STENATUR DATE 22 ATTENDING SIGNED (1) PHYS. DIRECTOR PHYS. death, Page 4 M.D. HOSPITAL page with 1 226. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, E. Marti 418 North Potomac St. Hagerstown, Maryland Do-na|<u>d</u> 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) Buria Cemeterv Rose Hagerstown Md. 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

/ Mar	1	Division of STAT					AND 21201
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- G	,	Washington		MARYLAND	Maryland	b, count	nington
aurs a		Rural Rohrersville	8	Life	Rural Ro		. 1 /
in 72 h	'	H NAME OF HOSPITAL OR INSTITUTION (I	f not in hospitol, i	give street oddress)		rove	e is residence on a farm? yes \ no \
		Type or print)					Doy Year Ary 13, 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS
	10o	Male White	WIDOWED	DIVORCED I	August 1, 1		Months Doys Hours Min. 5 12 12 CIT ZEN OF WHAT COUNTRY?
			Ä	ircraft			U. S. A.
гета	15	WAS DECEASED EVED IN ITS ADMED EDDE	\$52 16		INFORMANT	Rohrer	Flle Rfd. 1, Md.
		18 CAUSE OF DEATH (Enter only one PART 1. DEATH WAS CAUSED BY-	couse per line for		Mrs. Dorothy	M. Poffenberge	INTERVAL BETWEEN ONSETAND DEATH
burial,		Conditions, if ony, which gove	(b) and other to	les lent	e Land	Popular	47 cans
alth prior	ATION	PART II. OTHER SIGNIFICANT CONDITION		TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
it. of He		200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			` · · · · · · · · · · · · · · · · · · ·	·	
ate Dep	MEDICA	Hour o.m. p.m.	While of wor	Not While for	ctory, street, office bldg., et	c.)	(County) (State)
th the St		21. I certify that (I) (this I saw the deceased alive an 220. SIGNATURE	nospital) atten	ded the deceased fram 1954, and th	at death occurred a	nt 170/2 M, from causes of	, 1960, that (I) (we) last and on the date stated above 22b DATE SIGNED
# Elled wi		22c. PHYSICIAN'S TO SE	PH S		M.D. PHYS	DIRECTOR L PHYS. L	2-14.65
hauld be	230	BURIAL, CREMATION, 23b. DATE	THEREOF	23c NAME OF CEMETERY O		23d. LOCATION (City of Tow	vn) (County) (Stote)
(4) T	9	FUNERAL DIRECTOR		ADDRESS	2So REC	C'D BY REGISTRAR 25b. REC	SISTRAR'S SIGNATURE
	burial, crematian, ar remaval, and in any sent, within 72 haurs after death	should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any went, within 72 hours after death with the State Dept. of Health prior to burial, cremation, or removal, and in any went, within 72 hours after death with the State Dept. of the	1 PLACE OF DEATH 4 COUNTY Washington 5 CITY OR TOWN (If autside corporate in write RURAL and give nearest fown) RUTAL ROTTERSVILL d NAME OF HOSPITAL OR INSTITUTION (If DECEASED (Type or print)) 5 SEX 6 COLOR OR RACE Male 100 USUA. OCCUPATION (Give kind of work did during most of working life even if retired) Metal Worker 13 FATHER'S NAME Harmon Poffenberg 15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes give wor or dot No.) 18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSED OF CONTRIBUTION COUNTY (IF EITHER, NOTIFY MEDICAL EXAMINER) 18 OR CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20 TIME OF INJURY Month, Day, Yeo Hour o.m. PM. 21. I certify that (I) (this is saw the deceased filing and 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23c BJRIAL (REMATION) 23d BJRIAL (REMATION) 24 FUNERAL DIRECTOR	Division of STATISTICAL RESE Place of Death	Division of STATISTICAL RESEARCH AND RECORDS, 38 CERTIFICAT I PLACE OF DEATH	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STE CERTIFICATE OF DEATH (ACULY) I PLACE OF DEATH (ACULY) MARYLAND D. CITY OR TOWN (1 ductode corporote limits, write RIRAT In the Maryland of Maryland of City or Town (1 maryland) D. CITY OR TOWN (1 ductode corporote limits, write RIRAT In the Maryland of Maryland of City or Town (1 maryland) Rural Rohrers' 11e d. NAME OF prompt of Name of Hospital or Institution (1 no tin hospital, give street oddress) J. NAME OF prompt of Name of Maryland J. NAME OF prompt of C. Poffenberger S. NAME OF prompt of C. Poffenberger J. NAME OF prompt of C. CITY OR TOWN (1 maryland) J. NAME OF prompt of C. Poffenberger J. NAME OF prompt of C. CITY OR TOWN (1 maryland) J. NAME OF prompt of C. CITY OR TOWN (1 maryland) J. NAME OF prompt of C. CITY OR TOWN (1 maryland) J. NAME OF prompt of C. LENGTH OR TOWN (1 maryland) J. NAME OF prompt of C. LENGTH OR TOWN (1 maryland) J. NAME OF prompt of C. LENGTH OR TOWN (1 maryland) J. NAME OF prompt of C. LENGTH OR TOWN (1 maryland) J. NAME OF prompt of C. LENGTH OR TOWN (1 maryland) J. NAME OF prompt of C. LENGTH OR TOWN (1 maryland) J. NAME OF prompt of C. LENGTH OR TOWN (1 maryland) J. NAME OF prompt of C. LENGTH OR TOWN (1 maryland) J. NAME OF prompt of C. LENGTH OR TOWN (1 maryland) J. NAME OF prompt of C. LENGTH OR TOWN (1 maryland) J. NAME OF prompt of C. LENGTH OR TOWN (1 maryland) J. NAME OF prompt o	Place of Geath Group of the company Called Hops State Mary Land State Stat

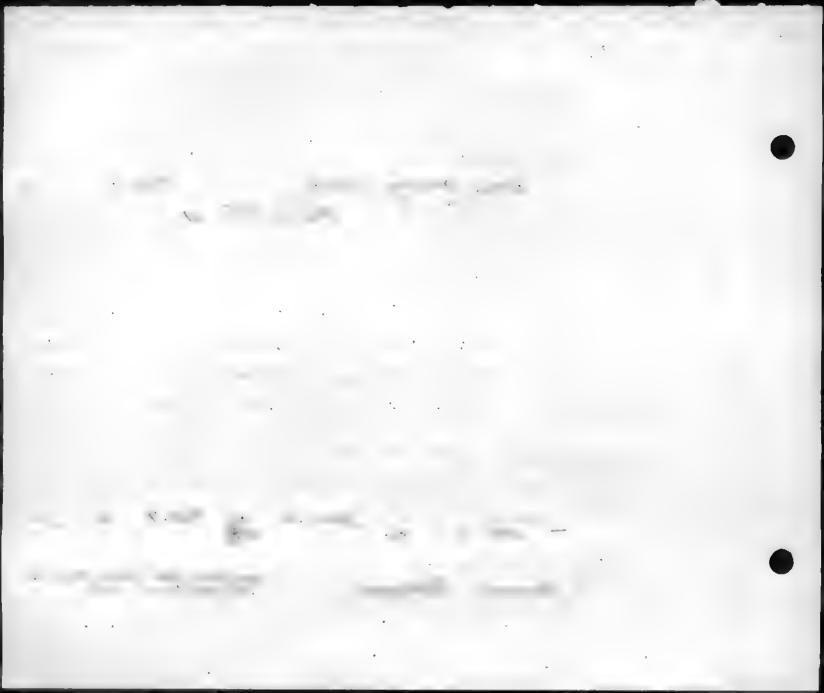


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TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the Tentificate be executed within 24 hours after meath. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after that MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
1)2925

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY Washington MARYLAND	a. STATE Maryland b. COUNTY Pro George's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown	llillside
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Western Md State Hospital	4803 M street. YES Notes
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) INEZ MORY FR.	1018 DEATH FEB, 1, 1966
	DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
female white WIDOWED DIVORCED	FEB. 7, 1915 51 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife own home	Virginia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	arl C Pride Hillside Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: LOBULAR P	NEUMONIA 5 DAYS
DUE TO -	
Conditions, If any, which) GENERALIZED	CAREIND MATOSIS UNKNOWN
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c) ISE / NOPE /8/10/	NEAL CARCINOTIA UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICA	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART OF	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
Hour a.m. p.m. 19 While Not While 180000	
21. I certify that (I) (this hospital) attended the deceased from 10	20. 13, 1966, to 486.7, 1966, that (1) (we) last
saw the deceased alive on FEO. 7, 1966, and that	death occurred at 2/22 M, from the causes and on the date stated above.
22a. SICNATURE	22b. DATE SIGNED
Ithtollie U. Pallopon M.D.	
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS NESTERN Md. State Hospital
17NTONIO THIRDY OST	Hagers rown, ma,
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burial Feb 10, 1900 Mt Olivet	Cemetery Washington D. C.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Md.	DATE 3 1 1 1966 Milarles Judge

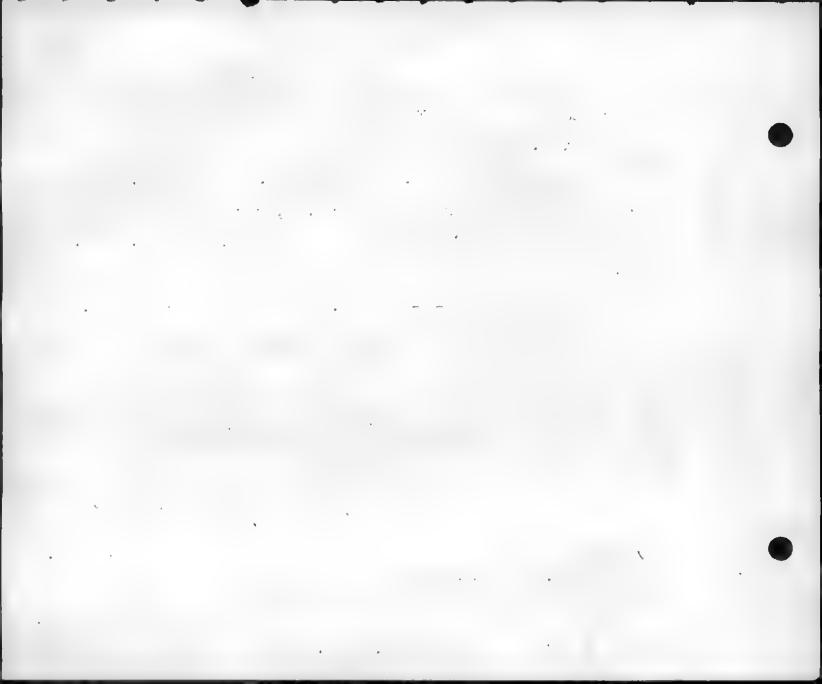
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removalt any event, within 72 hours after deapt.

VR AIS (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
32945
CERTIFICATE OF DEATH

1.	a. COUNTY _	1			- 1		IDENCE (Y	Yhere deceased	lived, If Instituti	ion: Residence l	before adm	ission)
	2. COUNT!	Mashingto	n	MARYL	AND	a, STATE	Mary	land	b. COUNTY	Washir	gton	
	b. CITY OR TOW	N (if outside corp and give nearest	orate limits,	c. LENGTH OF STAY		c. CITY OR TOY	YN (If outs	lde corporat	e ilmits, write R	URAL and give	nearest	town)
		rstown	LUWIII	liwks			Highf	ield		1	1	
	d. NAME OF HOS	PITAL OR INSTITU	JTION (if not In	hospital, give street ad	dress)	d. STREET ADD	RESS			€.	IS RESID	ENCE DATE
_	Washing	gton Co.	Hospital	L			Box	45		YE		o 🔼
3.	NAME OF DECEASED		First	Middle		Last	4.	DATE	Month	Day	Year	
	(Type or print)		Clarence	• W.	P:	ryor S	r.	DEATH	Feb.	214	19 6	6
5.	SEX	6. COLOR OR RA	CE , 7. MARRIE	D NEVER MARRIED	8.	DATE OF BIRT	H	9. AGE	(In years IF U! birthday) Mon	NDER 1 YEAR		
	Male	White	WIDOWE	D DIVORCED	□ S	ept. 12.	1897	68	yrs. Mon	ths Days	Hours	Min.
10:	USUAL OCCUPAT	ION (Give kind of wing life, even if re	ork done 10b.	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLA		& State, or for	reign country) 1	12. CITIZEN O COUNTRY?	F WHAT	
501	Caretake		Mi	Litary Reser	vati	on .	Frede	rick Co	o. Md.	U.S.A		
13.	FATHER'S NAM	E			Ì	14. MOTHER'S	MAIDEN N	IAME			-	
,	John Pryc	or			-	Amand	a Bro	WTD.				
15	. WAS DECEASED!	EVER INU.S. ARME	DFORCES? 1	6. SOCIAL SECURITY NO.	17.	NFOR MANT		****	Address			
(11	no no milestry	(If yes pive war or da		219-12-0773	Mrs	. Anna P	richa:	rd H	ighfield	Md.		
	18. CAUSE OF I	DEATH [Enter only		line for (a), (b), and (c).			_ 1201204	a v			VAL BETW	/EEN
		ATH WAS CAUSED	BY:		and .	01					AND DE	
	1538	IMMEDIATE CAL		A CLAN BULLE	1	CACIA					- yr	
	Conditions, If		OT 3U								0	
	gave rise to	Immediate	(b)									
	cause (a), st	THIS THE	DUE TO									
z	underlying caus		(c)									
17.0	PARTITIOTHERS	n 14	1	BUTING TO DEATH BUTNO	TRELAT	ED TO THE TERM	INAL DISEA	SECONDITIO	N GIVEN IN PART	1(a) 19.	MAS AUTO	
FICE	Chevre		y frynd		4 (4	rest of H	shui	mehr	ريسو	YES	□ N	
CERTIFICATION	I OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF I IFY MEDICAL EXA	DEATH LF	DESCRIBE HOW INJUR	Y OCCUR	RED. (Enter nati	ure of inju	ry in Part i o	or Part II of Ite	m 18.)		
	20c. TIME OF I	NJURY Month, D	ay, Year 20d.	INJURY OCCURRED 20	De. PLAC	E OF INJURY (Ho	me, farm, [20f. (City	or town)	(County)	(Sta	ite)
MEDICAL	Hour a.n		Whil		factory	, street, office bl	dg., etc.)					
Σ	p.n		19 at wo	,		7-4-	204	6	24-	10/6 11	. 40 6	
		eased alive on		ded the deceased fro		death occurred						
	22a. SIGNATUR		-	I: a La , an	iu tilat i	death occurred	ale Let	_w, nom u		b. DATE SIGN		nove.
	X 11	DAA LA	1.11	_	M.D.	ATTENDING -	MED.	CTOR S	TAFF HYS.	2-25		
	22c. PHYSICIA	N'S	7204	A !	M.U.	PHYS. L		I P	HTS.	6		
	NAME (Ty	pe)//ALTO	N	MIWELT	ry	NC	the	frus	, and.			
23a	. BURIAL, CREM	ATION, 23b. DA	TE THEREOF	23c. NAME OF CEN	ASTERY (OR CREMATORY	1 2	3d. LOCATI	ON (City, town o	or county)	(State	(e)
	REMOVAL (Spe Buri	al 2/2°	7/66	Bethel				Lantz.	Frederic	ok Co	Md.	
24			700	ADDRESS		25a.		Y REGISTRAF	25b. REGIST	RAR'S SIGNA	TURE	
	Hall.	71 3/200		Waynesboro.	Penr	10	LAD 4	1000	ant			
	11/1/1/1/1/1	1-1.11.10		way ne sooro.	Tem	la. DAV	EARY	1966	Lucia	ella Cu	201	



FOR STATE HEALTH DEPT.

0005.5

D DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay increasing, please execute the certificate, writing the word "pending" in pencil in Item 18. The Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. pages 1 and 2 with the State Department in any event within 72 hours after death. t permit. File p TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or TO DEPUTY MEDIS

> VR ALSME (5) 5M 1/65

- 4	160 30		MEDI	UAL	LVMIIII	ALK 2	OLKIII	IUATI	- 01	DEMI			1 1 6 6	164	
1. Pt	COUNTY	Н							E (Where de				Residence	before adm	ission)
	COUNTY	WASHIN	STON		11	SARYLAND	a. STA	MAE MAE	RYLAND	b	. COUN	TY W	ASHI	NGTON	
ъ.	CITY OR TOW	N (if outside c		is, i	. LENGTH OF		c. CITY O	R TOWN (If	outside co	rporate IIm	alts, wrl				
R	Write RURAL	ARPSBUR	ist town)		OO TIM		OTTO	AT CU	AD DODIE	DC					
		SPITAL OR INST		ot in hos	82 YR	Seathbre to		ADDRESS	ARPSBU	RU			1.6	. IS RESID	FNCE
				or in nosi	hittil Wite and	or annings,								ON A FAI	
		SHARPSBI	JRG				R.D.	#. 3 9	SHARPS	BURG				ES X N	
3. N/	AME OF ECEASED		First		Middle		Las	t	4. DATE		Month		Day	Year	
(T	ype or print)	DAI	SY		MARIE		REEL		DEAT		RUAR	- 400	26	19 6	
5. SI	EX	6. COLOR OR	RACE 7. MAI	RRIED [NEVER MAR	RRIED	8. DATE OF	BIRTH	9.	. AGE (In last birt		IF UNDER	Days	Hours	MIn.
FE	MALE	WHITE	Wib	OWED [DIVO	RCED	JIINE	29.188	33	82	Yrs.	Monus	Days	Hours	MIII.
10a. U	SUALOCCUPAT	ION (Give kind o	f work done		D OF BUSINES	SOR			tate or fore	ign countr	y)			OF WHAT	
	OMEMAKE	Ing lifa, even li 13	retirea)	HO	USTRY MF			MARYL	ANTT				OUNTRY U.S		
C	FATHER'S NAM		-	110	113			IER'S MAID			-	1	تو لا_	Lafta	
		MILOMA	דממת כ												
15 W	AS DECEASED	EVER IN U.S. AR	S REEL	1 16 90	CIALSECURIT	V NO 1 17	INFORMANT	ARY GE	CICE		Addres	8			
(Yes, 1	no, er unkown)	(If yes give war o)		0.0					NUGI GO				
N					5-38-07	- Ing	HERIDA	N REE	L R.D	.#_3_	SHAF	PSBL		MD.	
11		DEATH [Enter of		per line	for (a), (b), a	nd (c),]								RVAL BETWEET AND DE	
	PART I. DI	EATH WAS CAUS	CAUSE (8)	Coro	nary Oc	clusio	on							stant	
	4201		DUE TO												
	onditions, if	- **	(b)	Arte	rioscle	ratic	Heart.	Nices	ge.				Re	ent	
	ave rise to ause (a), s		DUE TO												
	nderlying cau:		(c)												_
No P	ART II. OTHER:	SIGNIFICANTO	NOTIONS CON	NTRIBUTI	NG TO DEATH	BUTNOTREL	ATED TO THE	TERMINAL [DISEASECON	IDITION GI	VEN IN	PART 1(a)	19.	WAS AUTO PERFORM	DPSY
I													YE		0 3
1 2 2	Oa. EXTERNA	L CAUSE WAS	1.2	20b. DE	SCRIBE HOW	INJURY OCC	URRED. (Ente	r nature of	Injury In P	art I or Pa	art II of	Item 18	3.)		
E P	RIMARY TO OF	CONTRIBUTING													
141		INJURY Month		20d IN1	URY OCCURRE	D 120e PL	ACE OF INJUR	Y (Home, fa	rm. 20f.	(City or to	own)	(Co	unty)	(Sta	ate)
12 (Hour a.			While -	- Not While	facti	ory, street, of	fice bldg., e	tc.)	(011)	,	(00	,	,,,,,	,
Z _	p.		19 a	at work	at work										
	21. I certif	y that I took	charge of th	ie remai	ns <mark>desc</mark> ribed	l above, he	eld an Autop	osy 🔲,	Inspection	on 💢,	Inqui	iry 💹,	and	In my op	oinion
	death result	ed from: N	latural cause	s 🗶 "	Accident	Su Su	licide,	Homici	de 🔲,	Undeter	mined	manner			
		1	,1	,/	1/	XI.	CHI	EF MEDICA	L EXAMINE						
AS	CTUAL IGNATURE	Tolow	w/ (1)	110	10 11		M D. ASS	ISTANT ME	DICAL EXAM	IINER 🗌				DATE SI	
			/	-			DEP	UTY MEDIC	AL EXAMIN	ER X			4	28/19	00
	XAMINER'S IAME (Type)	EDWARD	W. DITT	TO ME	. M.D.	.215 W	WASH	TENESTICAL SERVICE	towr	, THI ACCOUNT	PETO	WN	MARY	LAND_	
23a.	BURIAL, CREA		DATE THEREO	OF	23c. NAME C	F CEMETER	Y OR CREMA	TORY	23d. L	OCATION (City, to	wn of co	oun ty)	(Stat	(e)
B	REMOVAL (SP JRIAL		ARCH 1.1	1966	MT. V	IEW CE	METERY		1	WASHI	NGTO	N. M	ARYT	AND	
24	NERAL DIR			-700	ADDRESS	3		25a, RE	C'D BY REG	STRAR 2	25ba∞R£	GISTRA	R'S SIGN	ATURE	
14	124 508	n/cone	en I	HAGEE	STOWN	MARYT.	AND	MAK	4	200	1	wil	4) Ju	edge.	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please camove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours—after depth.

> VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	4	OEKTII IOATI	L OF PLATE		U 6 4 5
1. PLACE OF DEATH			2. USUAL RESIDENC	E (Where deceased lived, If Institution:	Residence before admission)
a. COUNTY	achi atan		a. STATE	b, COUNTY	intianetha
		MARYLAND	2.2		
b. CITY OR TOWN	(if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURA	L and give nearest town)
TTm .nng m I	W	Lifetime	Transa	- 1 n 2	el
	PITAL OR INSTITUTION (if not in		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
loghinm!	-on County Fr	oni to l	६३ हो।४	thath St.	YES NO T
3. NAME DF	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	~ 27.	12	, 54J	DEATH	I 19 5
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IFUNDE	
E° ~ 7 ~	·fi- + + 3 WIDOWI		7 7 7	last birthday) Months	Days Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work done 10b	. KIND DF BUSINESS OR	11. BIRTHPLACE (Co	cunty & State, or foreign country) ; 12. (CITIZEN OF WHAT
during most of working	ng life, even if retired)	INDUSTRY	Hamanata		OUNTRY?
			1	a contract of the contract of	<u> </u>
13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME	
4.5			rol	"" . 2 UZ OZ	
	VER IN U.S. ARMED FORCES? 1 (If yes give war or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	, and Address	
(162) 110, 01 1911(0411)	(11 Aez dise wat of dates of setalce)	none 'r	s. Vorotny	v Kesserer bar	
1 18. CAUSE OF D	EATH [Enter only one cause pe	er line for (a), (b), and (c),]			INTERVAL BETWEEN
	ATH WAS CAUSED BY:	1/1	1 2 . 2 . 1/10	-1.	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	to pinten	pulle me	Jeech .	4 hours
1772.0	DUE TO	' = 50	_		1 2 5
Cenditions, If a		Jas 720- 14	o) ele T-	1	15/10
gave rise to	Immediate (/			
cause (a), sta		De Ly Tut.	1		2 Tay.
underlying cause		0 - 1 / 1			1
PART II. DTHER SI	GNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
[8]					YES NO
E 20a. ACCIDENT V	WAS UNDERLYING [] 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of Item 1	
	NG CAUSE OF DEATH				
20c. TIME OF II Hour a.m p.m	NJURY Month, Day, Year 2Dd	. INJURY OCCURRED 20e, PLAI	CE OF INJURY (Home, fa	rm, 20f. (City or town) (Co	ounty) (State)
Hour a.m	0971	IFE - NOT WHITE!	ry, street, office bldg., et	(c.)	
21, I certify	that (I) (this hospital) atte	nded the deceased from	2-1- 19	965, to 2-/- 193	55, that (I) (we) last
saw the dec	eased alive on 2 - /	=19.66 , and that	death occurred at/	M, from the causes and on	the date stated above.
22a. SIGNATUR					DATE SIGNED
	Al wout	M.D	ATTENDING PHYS.	MED. STAFF 2	-1-55
22c. PHYSICIAN	1'S		22d. ADDRESS		
NAME (Ty)	pe) Jiseph	SECONDARI		BOONSBORO	
23a. BURIAL, CREMA REMOVAL (Spec	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co	
	4 ,	1 2 1	, hy	1 y	a + }
24. FUNERAL DIREC	TOR	ADDRESS	25a. REC	D BY REGISTRAR 25b. REGISTRAL	
J n-1	*	٠	DETER B	7 1966 Pliante	Judge
			I DANE D	1 1000 1/	//



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

92043	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	02029
1. PLACE OF DEATH a. COUNTY ashin-ton	MARYLAND	2. USUAL RESIDENCE (Who	re deceased lived. If institution in COUNTY	n: Residence before	
(Piral) leasant Vall			tside corporate limits, write RU Tleasant Val	•	est fown)
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION esidence	ddress)	d street address ≥ ₹D #2, Kn	ovville, "d		IS RESIDENCE ON A FARM?
	RIGGY OS.	Sr.	4. DATE Mont	7 17,	Year 19
ale hite WIDOWE	1	8. DATE OF BIRTH	(last_birthday) yrs.	Manths Days	F UNDER 24 HRS Hours Min
Constitution (Give kind of work done 10b line during most of working life even it retired)	ilroad	Garrett's	r foreign country)	USA	WHAT COUNTRY
Francis Marion Rickero	ds	14. MOTHER'S MAIDEN NA Annie Be	lle Ohler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no. or unknown) (If yes, give wor or doles of service)	OCIAL SECURITY NO. 17 1	NFORMANT Wrs. L	eoda J. (144)	"erds 2175	
1B. CAUSE OF DEATH [Enter only one cause per for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, If any, which gave rise to immediate cause (a), storing the under-lying cause lost.	FOR COM	work su	men green	SA 2-	VAL BETWEEN
≅ I OR CONTRIBUTING EI CAUSE OF DEATH I		NOT RELATED TO THE TERMIN			WAS AUTOPSY PERFORMED? YES NO X
20c. TIME OF INJURY Month, Day, Year 20d. IN.	JURY OCCURRED 20e. PL Nat while far at work	ACE OF INJURY (Hame, form, tary, street, affice bldg., etc.)	20f. (City or town)	(Caunty)	(State)
21. I certify that I attended the decease alive on		occurred at 5:30	M, fram the causes ar DORESS (Street, sity or town, s	nd an the date	
PHYSICIAN'S NAME (Type) 3. 3. 1. 1/1it	t		Conswict,	arvla	n ^d
220. BURIAL, CREMATION, REMOVAL (Specify)	name of CEMETERY O	hts.Jemeter		lle, Mar	
FUNERAL DIRECTOR'S SIGNATURE	ar pers err	v, J. Va 240 SECIO	BY REGISTRAR 24b. REGIST	BAR'S SIGNATURE	lat



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) e. COUNTY b. COUNTY ashing ton Maryland within 24 hours Washington by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate Ilmils, write RURAL and give nearest town) write RURAL and give neerest town) 33yrs after Hagerstown Maryland .5 Hagerstown Maryland Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? Washington County Hospital Pennsylvania YES NO X completely carbon papers. NAME OF 4. DATE DECEASED OF (Type or print) William McKinley DEATH Russ Feb 9 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS and last birthday) Months 8 Male Colored Jan WIDOWED [DIVORCED certificate physician 8Ve 10e. USUAL OCCUPATION (Give kind of work Гепоув 10b. KIND OF BUSINESS OR INDUSTRY SIRTHPLACE (County & State, or foreign country) I 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Middleway Aue USA. Laborer Depot 13. FATHER'S NAME attending pl MOTHER'S MAIDEN NAME .= death and Warner McKinley Isabella Darline 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then , 16 SOCIAL SECURITY NO. | 17. INFORMANT Address removal (Yes, no, or unkown) (Ifyesgivewerordetesafservice) William Russ 663 that Pennsyvania Ave the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) INTERVAL BETWEEN signed by reduires ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, burial-transit tic Heart Durin 4 = 1:0 DUE TO attending peen Conditions, if any, which gove rise to immediate cause DUE TO burial, (e), stating the underlying has couse lest. the PHYSICIAN: 9 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[0] 19. WAS AUTOPSY After this certificate CERTIFICATION hospital S 2 PERFORMED? YES THE NO prior for use 200 ACCIDENT WAS UNDERLYING [] 226. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MIDICAL be retained by ATTENDING 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) While Not While fectory, street, office bldg., etc.) Hour a.m. ō et work et work 19 p.m. DIRECTOR State Dept. plnoys 19.6.5 , and that death occurred al.) saw the deceased alive on......... may DATE SIGNATUR ATTENDING SIGNED DIRECTOR PHYS. PHYS. 1-66 death. Page 4 M.D. HOSPITAL page with ADDRESS PHYSICIAN'S lagerstown. NAME (Type) Dalton otonac \venue. director, 1 23a, BURIAL, CREMATION, 123b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial (Specify) Rose Hill Cemetery Hagerstown, ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 5 63

MARYLAND STATE DEPARTMENT OF HEALTH



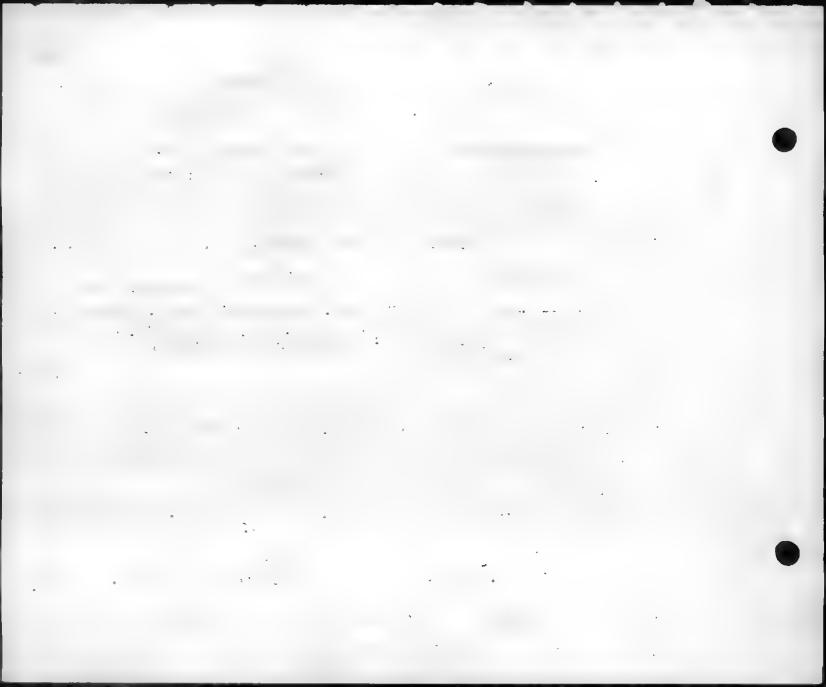
TO BORDITAL OR STREAMED FUNDMENT The last requires that the death cartificate be executed within 24 Bours after Tath. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please feduces papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please feduces for year 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any 2 th, within 72 hours after deat.

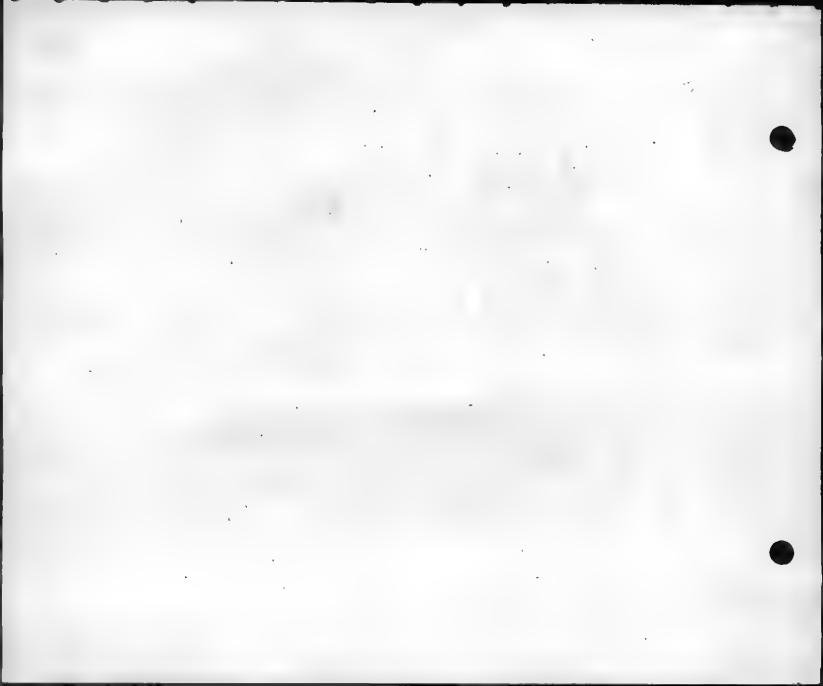
	MINULTHUM SINIE DE	INI DART.	ENI UF F	TEALIN		
DIVISION OF STATISTICAL	RESEARCH AND RECORD	S. 301 W.	PRESTON	STREET, BAI	LTIMORE 1.	MARYLA
92510	CERTIFICAT			•	,	4347

	DIVISIO	N OF STATISTIC	AL RESI			ON STREET, BALTIMORE 1,	MARYLAND
_	Dath	3		CERTIFICA	TE OF DEATI	H	02931
1.	PLACE OF DEATH	Н		-	11	ICE (Where deceased lived, If institution: b. COUNTY	Residence before admission)
		WASHIN	GTON	MARYLANO	a. STATE MAI		ASHINGTON
	b. CITY OR TOW Write RURAL	N (if outside corporat and give nearest tow	e limits,	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (I	f outside corporate limits, write RUR	AL end give nearest town)
	HAGERST	NWC		2 HRS.		HAGERSTOWN	-11
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (If not In	hospital, give street addres	d. STREET ACORESS		e. IS RESIDENCE ON A FARM?
_	WASHING	TON COUNTY		MAL	322 N.	CANNON AVENUE	YES NO Y
3.	NAME DF DECEASED	John	st	Middle Henry	Russell.	4. DATE Month	23 10 66
_	(Type or print)					DEATH February	A-4
Э.			7. MARRIE		8. DATE OF BIRTH	last birthday) Months	R 1 YEAR IFUNDER 24 HRS.
10	MALE	WHITE TON (Give kind of works	MIOOWEI	D DIVORCEO DIVORCEO	NOV. 28,1908	3 57 yrs. County & State, or foreign country) [12.	CITIZEN OF WHAT
đui	TIME MOST OF WORK	ing life, even If retired	1)	INDUSTRY OUNTY COURT HO		PON CO. MD.	COUNTRY? U.S.A.
	. FATHER'S NAM				14. MOTHER'S MAI		O D D D D D D D D D D D D D D D D D D D
1		JOHN RUS	SELL		MARY ALI	BERT	
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16	S. SOCIAL SECURITY NO. 17	. INFORMANT	HAGEROTOWN,	MD.
	NO	CIT JES GIVE WAI OF DATES OF		05-10-8587	MRS. HELEN RI	USSELL 322 N. CANN	ION AVE.
	18. CAUSE OF	DEATH [Enter only on	cause per	line for (a) (b) end (c) 1			INTERVAL BETWEEN ONSET AND GEATH
	PART I, DE	ATH WAS CAUSED BY:				aorta below bifur- dissection of the	ONSET AND OCATE
	451	SAMO	M CHICK LAND	erial coats	rteries with	area action of the	13 hours
	Conditions, If gave rise to		(p) STI. CE	ariai coacs			certain
	cause (a), si	tating the DUE	то				001 00211
₹	underlying caus		(C)	HITING TO BE LIVE BUT NOT AL		DISPLACE SOURITION OUT IN DARK IN DARK IN	a) 119. WAS AUTOPSY
ATIC				clerotic heart		disease condition given in part 1(2) 4 years certain	PERFORMED?
을		WAS UNDERLYING IT				of Injury In Part I or Part II of Item 1	YES NO
CERTIFICATION	OR CONTRIBUTI	NG CAUSE OF DEAT	H IER)	OCCUPANTE NOW INSURT OF	CORRED. (Enter nature t	injuty in Pate 1 of Pate 11 of Item 1	10-7
CAL		INJURY Month, Oay,	/ear 20d.	INJURY OCCURRED 20e. P	LACE OF INJURY (Home, forcer), street, office bldg.,		ounty) (State)
MFDICAL	Hour a.r.	n. 19	While at wo	ork at work			
	21. 1 certif	y that (I) (MASCANE)	Name atten	ded the deceased from_			66, that (I) 100 last
		ceased alive on Fe	b. 23	19.66, and ti	nat death occurred at	120 M, from the causes and on	the date stated above. OATE SIGNED
	22a. SIGNATUI	Mille	·	terma	A.D. PHYS.	MED. STAFF PHYS.	OATE STORED
	22c. PHYSICH	N's William	T. Las	1 1	1-22da ADDRESS		77 :
	NAME (T)	rpe) WILLERIA	To man	yman, M.D.	Too Profe	ssional Arts Bldg.	, Hagerstown
238	BURIAL, CREM	ATION, 23b. DATE T	HEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (City, town or c	county) (State)
	ROKTAL	4/20/	1966	CEDAR LAWN		WASHINGTON CO.	MARYLAND
24	FUNERAL DIRE		** / *	AOORESS		EC'O BY REGISTRAR 25b. REGISTRA	1 1 1 2.
(Harreson 1	was con-	HAG	ERSTOWN, MARY	LAND OATE	R 1 1936 # 427	les Judge

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence Defore admission) a. COUNTY b. COUNTY after the MARYLAND Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RIAR L and give nearest town) C. LENGTH OF STAY IN 1b à .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? within Der NO K YES letely carbon 3. NAME OF First Middle Month DATE Dav Year DECEASED OF DEATH compl (Type or print) 19 executind physician and com in please remove (ival, and in any eve 6. COLOR OR RACE DATE OF BIRTH 9. ACE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED | DIVORCED S 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) au Fal certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending I ermit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address the attenit 9 (Yes, no, or unknwn) (If yes give war or dates of service) cremation, WW. has been signed by the as the burial-transit prior to burial, cremati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) for use Health p 19. WAS AUTOPSY PERFORMED? certificate NO X YES [2Da. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter fature of injury in Part I or Part II of Item 18.) detached f te Dept. of I this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street; office bldg., etc.) Hour a.m. While at work Not While After p.m. DIRECTOR Af age 3 should billed with the S retained 21. I certify that (I) (this hearital) attended the deceased from that (I) (we) last M, from the causes and on the date stated above. and that death occurred at/1:40 saw the deceased alive on DATE 22a. SICNATURE 2Zb. 9 ATTENDING PHYS. MED. M.D. DIRECTOR PHYS. 4 may E = O FUNERAL 22c. **PHYSICIAN** 22d. ADDRESS director, p should be i NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23b. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town (State) br county) FUNERAL DIRECTOR ADDRESS REGISTRAR'S SICNATURE 25a. REC'D BY REGISTRAR 25b. VR A15 (4) 20M 1/65



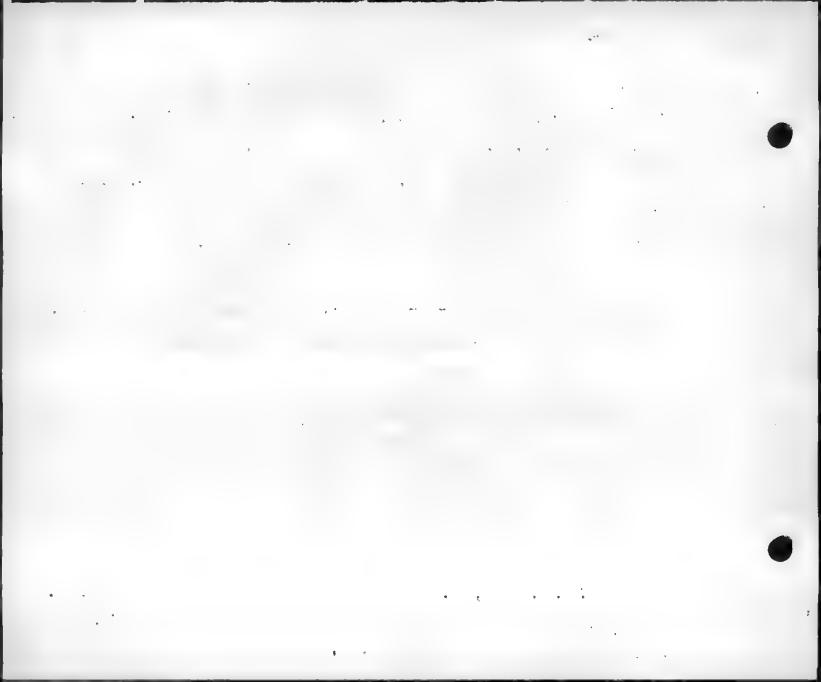
FOR STATE-HEALTH DEPT.

cessary, e funeral 5 may be 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Traid 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along, with form PM3. Page 5 retained for your files.

VR ALSME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	26000	* tu N	TEDICAL	EXAMINER	5	GERIFICAL	E UF DI	EATH	1	· v J	<u> </u>
1.	PLACE OF DEAT	н			1	2. USUAL RESIDEN	CE (Where decea	sed lived, If inst	tution: Resi	dence before	admission)
		shington		B449W 44	A.Ps.	e. STATE	a.	b. COUN	TP Tr qr	klin	,
		/N (If outside corpor	ate limits.	MARYLAN c. LENGTH OF STAY IN		c. CITY OR TOWN (II	foutside corpo	rete limits, wri	te RURAL er	nd give near	est town)
				3.0				burg,P			
1		Clearsnri		spital, give street add		d. STREET ADDRESS		,0 d. 1 G j 1	CL &	l o le Di	ESIDENCE
		spring, 11d			csel	u. SINEEJ ADDRESS		0 = - 0		ON A	FARM?
_				-L			S.Park	Ave.		YES	NO Z
3.	NAME OF DECEASED		First	Middle		Last	4. DATE	Month		Day Y	ear
	(Type or print)		WILLIA	M T. S	SCH	AEFFER	DEATH			,19609	
1 -	SEX	6. COLOR OR RACI	7. MARRIED	NEVER MARRIED] 8	DATE OF BIRTH	9. 4	AGE (In years last birthdey)	FUNDER 1	YEAR IF UND	
1	fale	Thite	MIDOMED	X DIVORCED	3	0/3/10/2		90 yrs.	monters o	ays num	19910.5
10	a. USUAL OCCUPAT	TION (Give kind of wor	kdone 10b. K	ND OF BUSINESS OR		11. BIRTHPLACE (S	State or foreign	country)		ZEN OF WHA	AT .
001	Lahorer	ling life, even if retire?	la Jen	DUSTRY WORK		Hercersb	urg.Pa	R.D.		7.5A	
13	. FATHER'S NAM	1E				14. MOTHER'S MAIL					
	Will	Liam Scha	effer			Julia	Parrot				
15		EVER IN U.S. ARMED		SOCIAL SECURITY NO. I	17	INFORMANT	7 64 7 0 0	Addres	5	-	
(Y	es, no, or unkown)	(If yes give war or date	t of topulop)	12-03-335			Coott	750000		. D.	
<u> </u>		1) I'.	rs. James	SCOLL	. l'el.ce			
		DEATH [Enter only of EATH WAS CAUSED I	***	ne for (a), (b), and (c).]						INTERVAL B	
	FART I, U	IMMEDIATE CAUS	E (e) Art	erioscleroti	LC I	<u>Cardio Vasc</u>	ular Di	sease		5 yea	rs
	42061	DU	E TO								
	Conditions, If		(b) Sen	ility							
	gave rise to cause (a), a		E TO	•							
	underlying cau		(c)								
NO	PART II. OTHER	SIGNIFICANT CONDIT	TONS CONTRIBU	TING TO DEATH BUT NOT	RELA	TED TO THE TERMINAL	DISEASE CONDI	TION GIVEN IN F	PART 1(s)	19. WAS A	AUTOPSY RMED?
YAT.										YES T	NO 🖵
MEDICAL CERTIFICATION	20a. EXTERNA	L CAUSE WAS	20b. E	ESCRIBE HOW INJURY	DCCU	RRED. (Enter nuture o	f injury in Pari	I or Part !! of	Item 18.)		315
8	PRIMARY OF DEAT	CONTRIBUTING ()									
AL. C		INJURY Month, Day	. Year 20d. II	NJURY DCCURRED 120e	PLAC	E OF INJURY (Home, f	arm. 1 20f. (C	ity or town)	(Count	(y)	(State)
DIC	Hour e.		While			y, street, office bldg., e		, , , , , , , , , , , , , , , , , , , ,			
Z		m. 1	9 et work	at work							
	21. I certif			ains described above	, hel	d an Autopsy [,	Inspection	nqui	ry 📋, _	and in my	/ opinior
	death result	ted from: Natur	al causes 🔀	, Accident,	Suid	cide 🔲, Homici	ide 🔲, U	ndetermined	manner [
		15301	`			CHIEF MEDICA					
	ACTUAL SIGNATURE	164	0/12/	16	.,	_M.D. ASSISTANT ME				22. DATE	SICNED
	EXAMINER'S	Pt		0			CAL EXAMINER	100	2-22		
	NAME (Type)	Dr. E. W.						or county) Hag			
23	BURIAL, CREM REMOVAL (Sp	MATION, 23b. DATE		23c. NAME OF CEM		OR CREMATORY		ATION (City, to			(State)
	Turia	2/25	/66	Fairvie	N			cersbu			
24	LUNERAL DIR	CTOR		ADORESS	-			RAR 25b. RE			
1	Wixi	unger	M	ercersburg	5,1	a. DATE	28 19	061 /	's reco	Judge	2



FOR STATE HEALTH DEPT.

D DEPUTY MEDIC.—EXAMINER: This certificate should be executed within 24 hours after death. If any delay classary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. the State Department 72 hours after death. fin and 2 with the File permit. F used as a burial-transit to burial, cremation, or 3 should be agent, prior TO FUNERAL DIRECTOR: Page of Health or its designated TO DEPUTY MEDIC

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

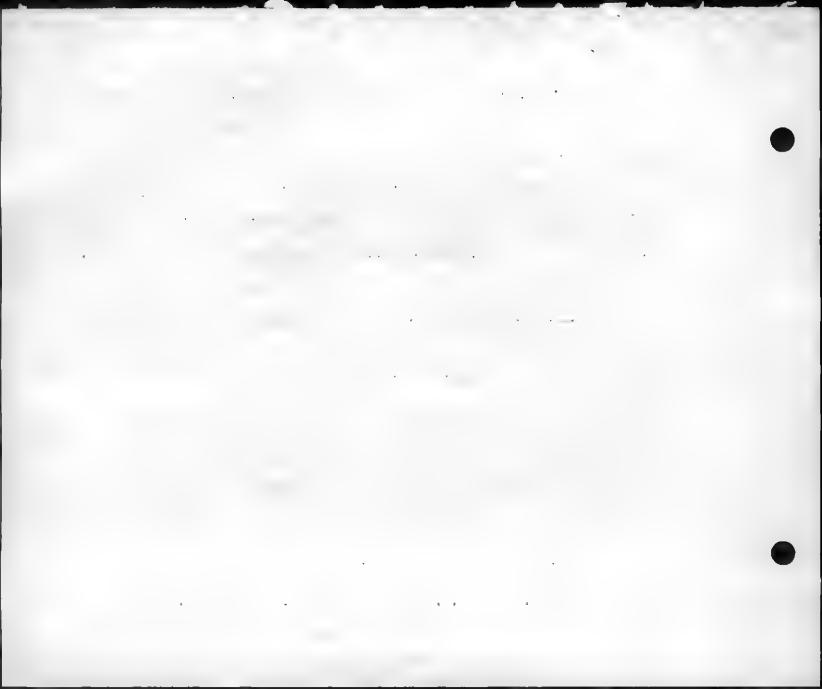
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH
2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before adm
a. COUNTY

D. COUNTY

1.	PLACE OF DEAT	Н ,					IDENCE (Wh			ildence before admission)
	2. 0001111	WASHING	TON	MARYL	AMD	e. STATE	MARYLA	ND b. cou		HINGTON
	b. CITY OR TOW	/N (if outside corpora and give nearest tow		LENGTH OF STAY						ind give naarest town)
		and give nearest tow RSTOWN		10 MINUTE	2	HAG	ERSTOW	TNT	at a	,
-		SPITAL OR INSTITUTION				d. STREET ADD		IA .		a. IS RESIDENCE
1	WASHINGT	ON COUNTY H	OSPITAL			823 PI	NE STR	Tee		ON A FARM?
3.	NAME OF	FI	rst	Middle		Last		DATE Mont	th	Day Year
	(Type or print)	EDWAR	D	TRONE		SCHIND		DEATH FEBRUA	NDV	2 1966
5.	SEX	6. COLOR OR RACE	7. MARRIED X		1.0			9. AGE (In years	IF UNDER 1	YEAR IF UNDER 24 HRS.
	MALE	WHITE	WIDDWED	T DIVORCED		ULY 12,	1015	last birthday) 50 yrs.	Months	Daya Hours Min.
10a	. USUAL OCCUPAT	TION (Give kind of work	dona 10b. KrNE	O OF BUSINESS DR	1 0	11. BIRTHPLA	CE (Stata or	foreign country)	12. CIT	IZEN OF WHAT
dur	Ing most of work	ing life, even if retire		USTRY CTIVE BUR	TATE	MAD	VT AND		COL	INTRY?
13.	FATHER'S NAM	IE.	DELE	CITAR DOK		14. MOTHER'S	YLAND MAIDEN NA	ME		U.S.A.
	וייים	WARD SCHIND	ET			RUTH				
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16. SD	CIAL SECURITY ND.	17.	NFORMANT	TRUNE	HAGERS	BOWN 1	MARYLAND
9 '	s, no, er unkown) NO	(If yes give war or dates o		4_09_2307	1,600	י דודער די	TO CON			TID EXEM
		DEATH [Entar only on				PHILL	IS SUH	INDEL 823 I	TIME S	INTERVAL BETWEEN
		EATH WAS CAUSED BY	-			* * * * * * * * * * * * * * * * * * * *			į	DNSET AND DEATH
		IMMEDIATE CAUSE	(a) COT.	onary oc	CTUE	ston				Sudden
	400	POL	TD floor	00000074			14	7 24		V
	Conditions, If gave rise to		(b) Art	erroscre	erou.	le care	llovas	cular di	sease	Years
	ceuse (e), s	tating the DUE	TD							
	undarlying cau		(c)				INIT DIAFAG	- CONDITION ON CHIEF IN	I DADT 1 (a)	19. WAS AUTOPSY
101	PARTIT. DIRECT	SIGNIFICANT CONDITI	DN2 CONTRIBUTIO	NE TO DEATH BUT N	DIKELATI	ED TO THE TERM	INAL DISEAS	E COURT HOW GLACK IN	IFARI 1(a)	PERFORMED?
ICA									- 2 TA H (5) }	YES NO X
MEDICAL CERTIFICATION	20e. EXTERNA PRIMARY OF CAUSE DF DEAT	L CAUSE WAS CONTRIBUTING [] IH.	20b. DES	CRIBE HOW INJUR	Y DCCURI	RED, (Enter nat	ure of injury	In Port I or Part II	or Item 16.)	
AL.		INJURY Month, Day,	Year 20d. INJU	JRY OCCURRED 12	Oa. PLACE	OF INJURY (Ho	me, farm,	20f. (City or town)	(Coun	ty) (State)
lä	Hour m.	m.	While -	Not While	fectory	, street, office b	ldg., etc.)			
2		m. 19	at work	at work	bald	Auto [1	ection XX Inqu	oley 🗀	and le mu aninion
		y that I took charge			A .			_	uiry 💹,	and in my opinion
	death result	ted from: pratural	causes XX	Accident/	Sulci	7	omicide _], Undetermined	ı manner ş	0/0/66
	ACTUAL	£ ##	1///	116.16	1010		EDICAL EXAM			2/2/66 22, DATE SIGNED
	SIGNATURE	Lour	w vi	U COUNT	w	M.D. ASSISTAN				EL DATE GIGTER
	EXAMINER'S	HOLIADD N	ו או פעומותו	D F90 N	ODMITT		MEDICAL EXA	-	TT ARE	2/2/1966
230	NAME (Type)	HOWARD N. 1		D. 580 NO				ROTOTAL TELESCOPE		
238	REMOVAL (Sp	ecify)	HENEUT					FUNKSTOWN.		
24	BURIAL	_		FUNKSTOW	N. CF	METERY		LOMINDIOMN .	MARYI	ARINI
	. FUNERAL DIR	ECTOR)		ADDRESS		25a	REC'D BY	REGISTRAR 25b. F	REGISTRAR'S	SIGNATURE

VR AISME (5) 5M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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· ·	3	-0	4.4	7

a the

CERTIFICATE OF DEATH

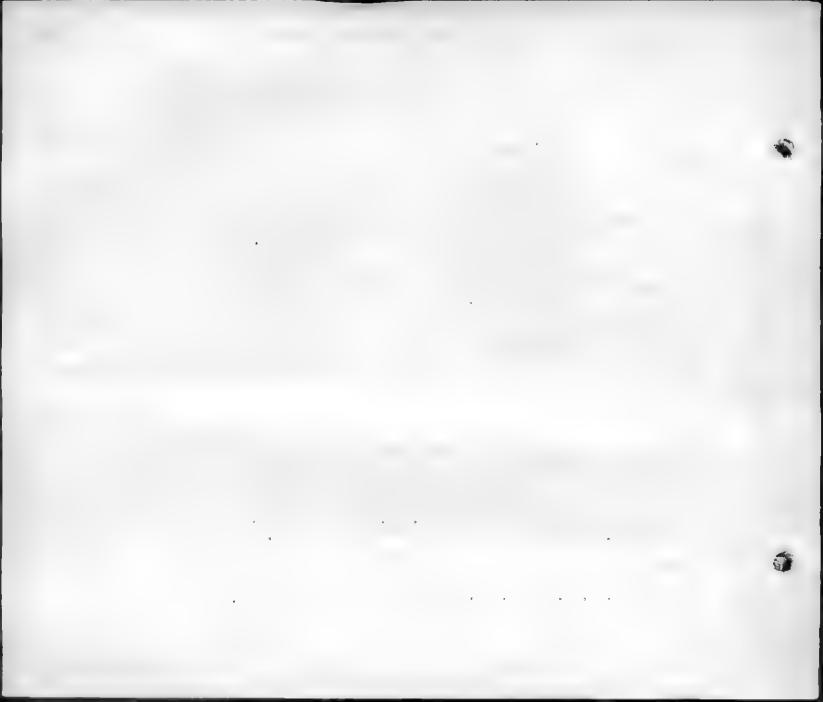
Reg. Dist.		11	1	23	1	1
Rea. Dist.	No.	7 (10	U	1

J.Q.J.4.172			Reg	. Dist. No.				
1. PLACE OF DEATH o. COUNTY o. STATE 1. PLACE OF DEATH o. COUNTY O STATE O STATE D COUNTY D COUNTY								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Mercershare;						
d NAME OF HOSPITAL (If not in hospitol, give street on INSTITUTION	oddress)	d STREET ADDRESS	ndon ave.	IS RESIDENCE ON A FARM? YES TO NO CT				
3. NAME OF First DECEASED (Type or print) C .	Middle	Lou DRIST	4. DATE Month OF DEATH Peb. 15	Day Year				
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 19. AGE (In years If UNDE							
100 USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if relired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote o	r foreign country) 12.	CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME		14 MOTHER'S MAIDEN NA		- C14				
Abraham Secrist		Susan Zim	merman					
(Yes an explanation) (III as a second second second	50CIAL SECURITY NO. 17. II	NFORMANT	Address Sites II recash	THE TOTAL STREET				
Conditions, if ony, which gove rise to immediate couse (s). ATT to DUE TO Conditions, if ony, which gove rise to immediate couse (s), storing the under-lying couse tost Part II OTHER SIGNIFICANT CONDITIONS C	itions, if ony, which rise to immediate (b) Arteriosclerotic Cardio Vascular Disease Out TO Couse los! Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART							
The fitter, Notify MeDical examiner 20d Injury Occurred 20d								
21. I certify that I attended the deceased from Jan. 28, 1966, to Feb. 15, 1966, that I last saw the deceased alive on Feb. 11, 1266 and that death occurred all:15P.M. from the causes and on the date stated about address (Street, city or town, state) ACTUAL SIGNATURE M.D. 215 W. Washington St., 2-16-66 PHYSICIAN'S NAME (Type) Dr. E. W. Ditto, Jr Hagerstown, Md.								
220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town or coun					
23 FUNERAL DIRECTOR'S SIGNATURE	Plercure la	ing, ta DATE B	87 REGISTRAR 246 REGISTRAR'S 2 1 1966 FCLION	s signature vley Judge				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIFCTOR: After this certificate has been signed by the attending physician and completely filled with the funeral director, page 3 shauld be definible. For use as the burnot-transit permit. Then please remain carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55



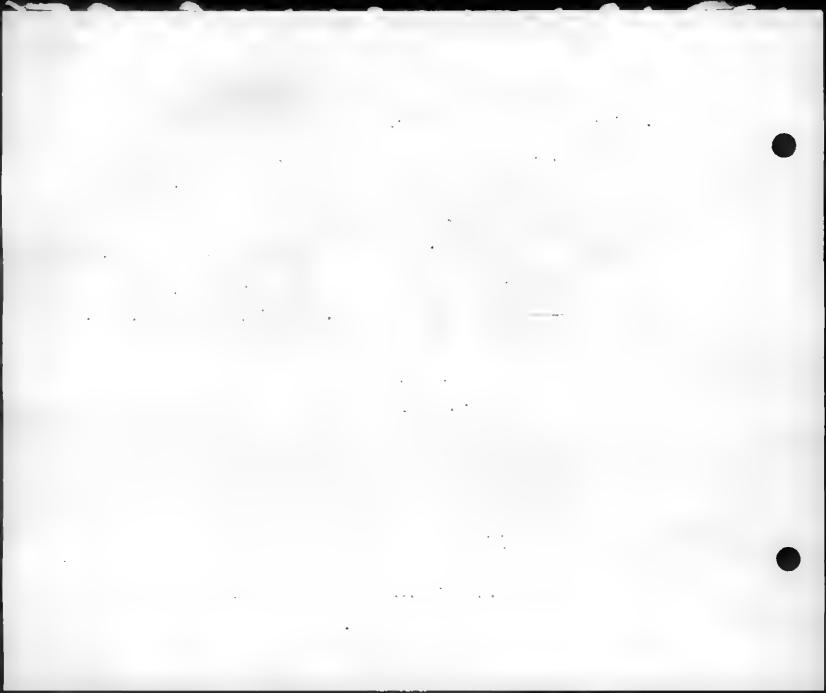
TO HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-trans t permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and providevent, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH

1.	a. CDUNTY					1	2. USUAL RESIL	PENCE ((Where d			esidence be	efore ado	nission)
WASHINGTON MARYLAND						a. STATE MARYLAND b. COUNTY WASHINGTON								
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)							c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)						
CONOCOCHEAGUE 3 MOS.						HAGERSTOWN 2, . /								
d. NAME DF HOSPITAL OR INSTITUTION (if not in hospital, give street address)						d. STREET AOORESS 9. IS RESIDENCE ON A FARM?							DENCE ARM?	
_	GATEWAY	CONV.					526 W.			STREET		YES	s 🗌 !	ND
3.	NAME DF DECEASED		Fir	'st	Middle		Last	14	DATE			Day	Year	
	(Type or print)		SARAI	<u> </u>	JANE		SHANK		DEAT			24		66
5.	SEX	6. CDLDR	DR RACE	7. MARRIEI	NEVER MARRIED	8	. DATE OF BIRTH		9	AGE (In years last birthday)	IF UNDER		UNDER Hours	24 HRS. Min.
1 -	EMALE	WHIT		MIDOMEI	HALL STATE OF THE		OCT. 4,18	83_		82 yrs.				IYIII.
1Da	I. USUAL OCCUPAT	IDN (Give klı ng lifa, eve	nd of work o n If retired	ione 1Db.)	KIND OF BUSINESS DR INDUSTRY		11. BIRTHPLACE	(Count	y & Stat	e, or foreign countr		TIZEN OF	WHAT	
	HOUSEWI			OW	N HOME		WASHIN	GTON	CO.	MD.	U.	S.A.		
13	FATHER'S NAM	E					14. MOTHER'S N	MAIDEN	NAME					
_			N SOCI				SARAH	YOU	ING	TI A CITYD	300.01	3.00		
15 (Yi	. WAS DECEASED E	VER IN U.S.	ARMED FOR	RCES? 16	. SOCIAL SECURITY NO.	17.	INFORMANT			HACKE	STOWN !	MD.		
	NO			- 1	NONE	MR	S. LELIA	SHAN	HOL:	rz 526 r	. CHU	JRCH	ST.	
					line for (a), (b), and (c)	.]							AL BET	
	PART I. DE	ATH WAS C.	AUSED BY:	(a) M	LAOCHEDIN.	_ \\	- NFARRET	non				ONSET AND DEATH		
	420	7./												
	Conditions, If any, which DIE TO ARTERIOSCIBROTTE HENRY DISERSE							Yes						
	gave rise to			(4/						-				
	cause (a), st underlying caus			-	ATEMIO SEL	زممين	SIS, Cothe &	RAL	123	2		1	res	
NOI	PART II. OTHER S	IGNIFICANT			UTÍNG TO DEATH BUT NO						PART 1(a)		VAS AUT	
ICAT												YES	ERFORM	ID 🔁
CERTIFICATION	2Da. ACCIDENT DR CONTRIBUTI. (IF EITHER, NOT	WAS UNDER	ELYING THE DEAT AL EXAMIN	20b.	DESCRIBE HOW INJUR	Y OCCUI	RRED. (Enter natur	e of inj	usy In F	Part or Part	of Item 18.)		
A.	20c. TIME OF I				INJURY OCCURRED 120	no PLAC	E OF INJURY (Hom	a farm	1 206	(City or town)	(Cou	new)	(81	ate)
MEDICAL	Hour a.m	١.	19	While at wor	Not While —	factor	y, street, office bld,	g., etc.)				ney)	(3)	ures,
	21. I certify	that (i) (this hosp	ital) attend	ded the deceased fro	om (9	Dee. death occurred	. 194	S to	24 F 50.		that	(I) (w	e) last
	saw the dec	eased aliv	e on_ 24	4 Fier	1966 ar	id that	death occurred	at 94	A.M. f	rom the causes	and on th	ie date s	stated	above.
	228. STGNATUR	E	1	7				1	-		22b. D	ATÉ SIGNI	ED	
	M.D. PHYS. MEO. DIRECTOR STAFF 2/25/1966													
	22c. PHYSICIAN'S 22d. AODRESS													
	10500-2 (1)	WII	LLIAM	N. FE	NDER M.D.		218 N	. PO	MOT	C ST. H	AGERS'	rown,	MAI	RYL
238	BURIAL, CREM	ATION, 23t	DATE T	HEREOF	23c. NAME OF CE	VETERY	OR CREMATORY	1	23d. L	OCATION (City, t	own or cou	nty)	(Sta	te)
	REMDVAL (Spe BURIAL		2/28/1	966	ROSE HILI	L CE	METERY		HAG	HERSTOWN	MAR	YT.ANT)	
24	24 EVYSERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE													
1	Kaills m	Kaus		HAGE	RSTOWN, MARY	YLAN!	D DATE	P_1	1	966 00	imple	1 Que	Let	
-							1717	TT	\rightarrow	VUU /		1	75	

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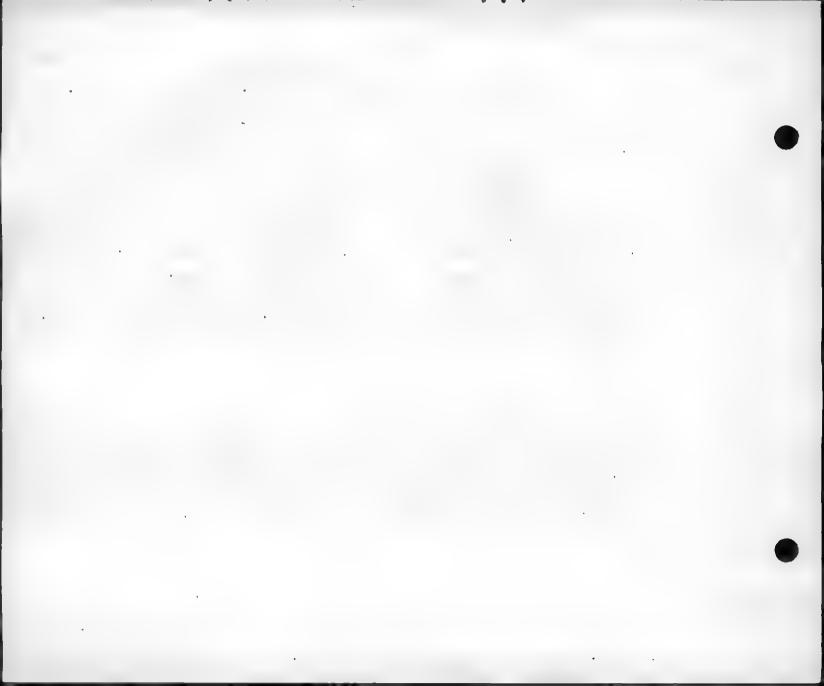


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MAK		32956		CERTIFICATE	OF DEATH		02037
in the second se		PLACE OF DEATH o. COUNTY	Washington	MARYLAND	2 USUAL RESIDENCE (V 0. STATE MC	Vhere deceased lived, if institution Resi b. COUNTY	dence before odmission) Wash.
	-	b. CITY OR TOWN (If	outside corporate limits,	c. LENGTH OF STAY IN 16		tside corporate limits, write RURAL and	
Page Page Page Page Page Page Page Page		Hagerst	give negrest town)	55 years	Hagerst		A 1 1
in by ers. Pc 2 hour			DR INST TUTION (If not in hospita	I, give street address)	d STREET ADDRESS		B TS RES DENCE
filled paper thin 72		Washing	ton County Ho	ospital	120 Cle	arview Rd.	ON A FARM? YES ND
<u>≽</u> ĕ.≊	3	NAME OF DECEASED (Type or print)	TH ELMA	MADILENE	SHANK	4 DATE Month OF February	Doy Year 19, 19 66
amplete ve carb event,	5.	SEX	6 COLOR OR RACE 7 MARRIE		DATE OF BIRTH	9 AGE (In years IF UND	DER I YEAR IF UNDER 24 HRS
my eve		f emale	white WIDOWE	D DIVORCED 1	March 23,	1910 last b thdoy) Month	s Days Hours Min.
	10c	Secreta Secreta	e even if retired)	KIND OF BUSINESS OR INDUSTRY Itheran church	` '	& State, or fareign country) 12. Crossroad, Md.	COUNTRY?
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN N		
hen hen nav			Frisby Spick1	ler		Edythe Mon	g
ding ren	15	WAS DECEASED EVER	lf . me -nueor or detec of conside.)		NFORMANT	Address	
frani, of		10	If yes give war ar adies or service)	212-14-7717	Robert H.	Shank, Hagerst	own, Md.
been signed by the attending physi i the burial-transit permit. Then pl or ta burial, crematian, ar remaval,		Conditions, if any, verse to ammediate stating the underly last	which gave (b) (b)	etestetic ercinóma	Carcini	· Breest	ONSET AND DEATH
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta	CATION	PART II OTHER SIG	NIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES X NO
rertifica hed far 1. of He	L CERTIFICATION	20a ACCIDENT WAS I OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in F	Part I or Port II of Item 1B)	
ar this detacl	MEDICAL	20c TIME OF INJUR Haur a.m. p.m.	Wh		E OF INJURY (Hame, farm, ory, street, office bldg , etc.)		(County) (State)
# A Y				ended the deceased fram_/	YUV, 1	964, to Feb 19,1	966, that (I) (we) last
# # # # # # # # # # # # # # # # # # #			ceased alive an F1 9	19 <u>66,</u> and that	death accurred at	/2. M, fram causes and ar	
OIRECT ed with		22a SIGNATURE	A c. H	My MC	PHYS X	MED STAFF 22b.	DATE SIGNED / 2-1 / 6-6
or, pog d be fil		22c. PHYSICIAN'S NAME (Type)	Lloyd A	HOFFmer	22d. ADDRESS	N. Potomecs	<u>t</u> ,
auf ct	230	BURIAL, CREMATION		23c NAME OF CEMETERY OR C		23d. EOCATION (City or Town)	(County) (State)
2 = ₹		REMOVAL (Specify)	2-22-66	Rest Haven	Cemetery	Hagerstown,	
R A15 (4)		FUNERAL DIRECTOR	Minnich & So	ADDRESS Ha GARS TO AUT		BY REGISTRAR 2Sb REGISTRAR	S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. M

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

`	0295	7	CERTIFICATE	OF DEATH	02938
	1. PLACE OF DEATH				esed fived, If institution, Residence before admission)
	b. CITY OR TOWN (i	Washington foutside corporate limits, give nearest town)	c. LENGTH OF STAY IN 16	e. STATE Penna c. City OR TOWN (If outside corpora	b. COUNTY Franklin te limits, write RURAL and give rearest town)
	Hager	stown	3 yrs	Greencastle	e, IS RESIDENCE ON A FARM?
	Garlock 3. NAME OF DECEASED (Type or print)	Convolesent Ford Daisv	Middle	23 South Carlisle	Month Day Year
۱	5. SEX	6. COLOR OR RACE 7.	THE PROPERTY OF	DATE OF BIRTH 9. A	AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
۱	106. USUAL OCCUPATE done during most of wo			Druary 13, 1879 8	
	13. FATHER'S NAME	vife	Housekeeping	Franklin Co. Penn 14. MOTHER'S MAIDEN NAME	a. U.S.A.
	(Yes, no, or unkown) (H NO 18. CAUSE OF D PART I. DEATH	Tenley R IN U.S. ARMED FORCE yes give wer or dates of serv EATH [Enter only one ca WAS CAUSED BY, MMEDIATE CAUSE [e] DUE TO	ice)	Harriett Bally NFORMANT LOCK Conwlosert Hos Tanguese	Address Hagers town, Med interval Between ONSET AND DEATH
	Conditions, if eny geve rise to immediately, stating the urceuse lest.	ala cause	Holeya -del	Etales Bush	Cky Coyler
,	2Do. ACCIDENT WA			RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO Of item 18.)
	20c. TIME OF INJUI Hour a.m.	RY Month, Day, Year		E OF INJURY (Home, ferm, 2Df. (City or ry, straet, office bldg., etc.)	town) (County) (Stete)
			attended the deceased from		1945, that (I) (we) last ne causes and on the date stated above.
	22e. SIGNATURE	Burla	LES MI	ATTENDING MED.	STAFF 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	PF	WEBSTER.	JEENO,	ASTAK, TE
	23e. BURIAL, CREMATIC REMOVAL (Specify) Burial	ON, 236. DATE THEREO	Fairview Cemet		on (City, town or county) (State) sburg, Franklin Co. Pa.
	24 FUNERAL DIRECTOR	-	JADDRESS LAND	7	R 256. REGISTRAR'S SIGNATURE Complex Judge

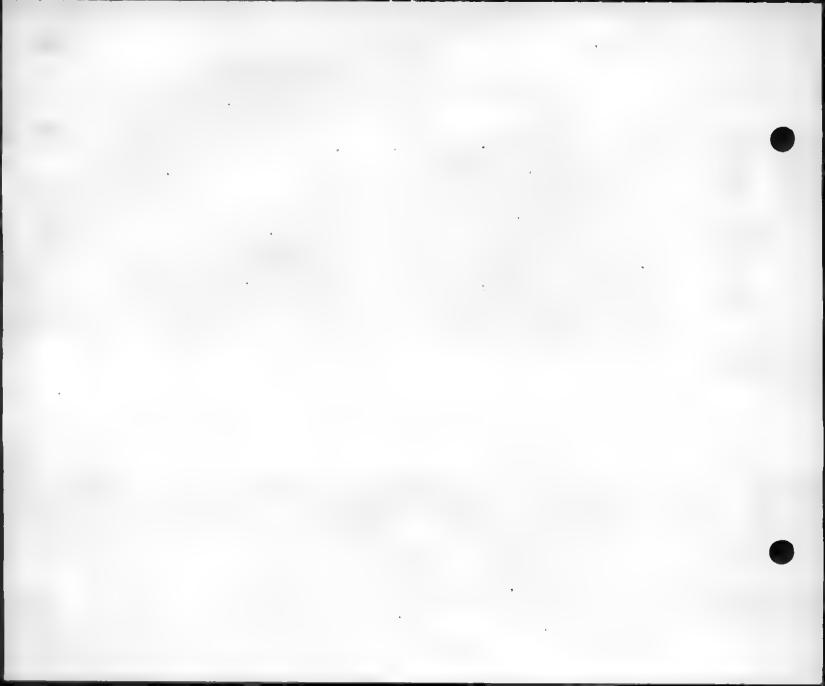
VR A15 (4) 20M 5-63



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02058 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 um after deeth. hours after death, PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY **MARYLAND** Pages TOWN (if outside corporete ilmits, write RURAL end give nearest town) b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b write RURAL and give nearest town ve carbon papers. Pag event, within 72 hou≡ filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCÉ ON A FARM? ND P and completely death certificate be executed within DATE First Middle Last DECEASED (Type or print) ELIZABETH DERS 00 S DEATH 19 (0) AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. and any even DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED DIVORCED T WIDOWED 10a. USUAL OCCUPATION (Give kind of work done of the local parties of working life, even if retired) working life, even if retired) physician a (County & State, or foreign Country) 12. CITIZEN OF WHAT hoe ANU 700 10 removal, 13. FATHER'S NAME TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. They should be filed with the State Dept. of Health prior to burial, cremation, or remove 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), The law requires that the ONSET AND DEATH DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) PLEURAL **OR ATTENDING PHYSICIAN:** The law requires that the retained by the hospital or attending physician. FFUSIUM PHELIMONIA DAYS DUE TO Conditions, if any, which DEPTICE MIA (b) gave rise to immediate Operative DUE TO cause (a), stating the - 7 was. ABDOWNER . underlying cause last. ~03255 CONT WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? CITALONIE PYELDHERIKEITIS YES T NQ.F michitus 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) Hour a.m. While Not While at work at work 1962 to 18 1-53 21. I certify that (I) (this hospital) attended the deceased from 11 Stort. .. 19<u>66.</u> that (I) (we) last 1946, and that death occurred at 1235M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF 19 Fig 66 DIRECTOR Page 4 may PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) KG STUTON SEANE CENETERY OR CREMATORY LOCATION (Bity, fown or county 23a. EURIAL, CREMATION, 23b. DATE THEREOF REC'D BY REGISTRAR 25b. REGISTRAR'S VR A15 (4)

2/2MARYLAND STATE DEPARTMENT OF HEALTH

15M 4-64

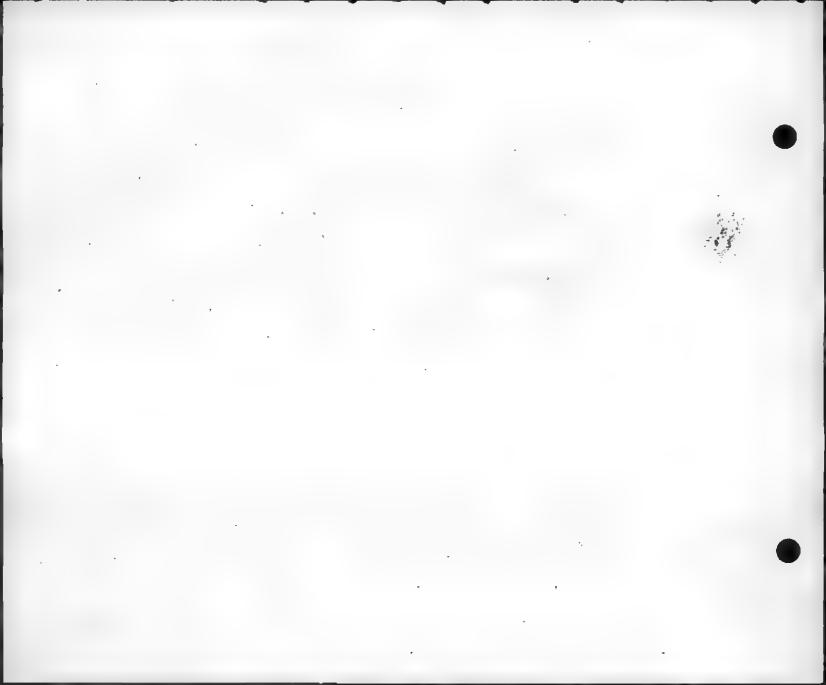


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

44	~ 2 3		CERTIFICAL	E OF DEAL	7			43411		
1. PLACE D		/		1 2. USUAL RESIDEN	CE (Where deceased	tired, If Insti-	tution: Residence	before admission		
a. COUN	_	ENGTON	AFA DVI A ND	B. STATE	TARYLAND	b. COUNT		INGTON		
b. CITY		ide corporate limits, nearest town)	MARYLAND c. LENCTH OF STAY IN 1b			e limits, write	44-21-4-4-4-4			
		nearest town)					P. 2	1		
	ERSTOWN FOR HOSPITAL OR	INSTITUTION (If not in h	10 YRS. ospital, give street address	HAGERS d. STREET ADDRESS				o. IS RESIDENCE		
		,	ospisali Bilo stroot deeless	<u> </u>				ON A FARM?		
	WAKEFIELI	T-71			TELD ROAL			YES NO X		
3. NAME O		First	Middle	Last	4. DATE	Month	Day	Year		
(Type or		ROBERT	JAMES	SPONAUGLE	DEATH	FEBRUA		1966		
5. SEX	6. COLO	R OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGI	E (In years III t birthday)	FUNDER 1 YEAR Ionths Days	Hours Min.		
MALE	WHI	TE WIDOWED	DIVORCED [OCT. 12, 19	21 4	yrs.	Days	Modi 2 Millis		
10a. USUAL O	OCCUPATION (Give of working life, e	kind of work done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (C		reign country)	12. CITIZEN COUNTRY	OF WHAT		
	CHANIC		K TRUCKS	CENTRE CO	PENNA.		U.S.A			
13. FATHER	R'S NAME			14. MOTHER'S MAI						
	FRED .	J. SPONAUGLE		KATHIRE	N LIVESAN	7				
15. WAS DEC	EASED EVER IN U	S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	M THAT DON'T		STOWN. N	m.		
		war or dates of service)	r 20 2001 m	TOMAC C THIT	mm m 20					
YES 118 CA	111	nter only one cause per l		HOMAS S. WHI	Theore DU	O WAKE		RVAL BETWEEN		
	RT I, DEATH WAS		- 7	lead of some			ONS	ET AND DEATH		
,,	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crenary Thrombers This is a second of the control of the cont									
1 7	. 01	DUE TO B	many ath				11	1,		
	ons, If any, which ise to Immediat		oracy. a.va	virzelle	2-CIL		7	ture_		
	(a), stating th		U				/			
	ing cause last.) (c)								
PARTII.	OTHER SICNIFICAL	NT CONDITIONS CONTRIBL	TINC TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITIO	IN CIVEN IN PA	ART1(a) 19.	WAS AUTOPSY PERFORMED?		
ICA							YE	S NO		
PARTII. 20a. AC	CIDENT WAS UND	ERLYING 20b. I	DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f injury in Part I	or Part II of	item 18.)			
	TRIBUTING CAL IER, NOTIFY MEDI	CAL EXAMINER)	•							
	ME OF INJURY M	lonth, Day, Year 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, flory, street, office bldg.,	arm, 20f. (City	or town)	(County)	(State)		
A P	our a.m. p.m.	While at work	MOT MULLS	tory, arrect, onice bidg.,	510.7					
			ed the deceased from	9 Feb 1	19/2/2, to	10 del	1966 1	nat (I) (wet las		
	the deceased a		1966, and the							
	IGNATURE ~	10	and the		<u> </u>		22b. DATE SI			
	*	LINTO	м.	.D. PHYS.		TAFF HYS.	2/11/19	966		
22c. P	HYSICIAN'S		TVI.	22d. ADDRESS	DIRECTOR !	1110.	~ 1 - 1 1 -	,,,,		
l i N	IAME (Type)	DEAN WILSON	M.D.	580 NORT	HERN AVE.	HAGER	STOWN.	MD.		
23a. BURIA	L, CREMATION, 2	23b. DATE THEREOF	, 23c. NAME OF CEMETER			ON (City, tow		(State)		
REMOV BURI	VAL (Specify)	FEB. 12.1966		CEMETERY		, ,,	MARYLAN	, ,		
	AL, DIRECTOR/	EED. 12,1700	ADDRESS		C'D BY RECISTRAL	R 25b. REG	ISTRAR'S SICN	IATURE		
(Worl	1 6 8	ZEL HA	AGERSTOWN. MAR	WT AND	B 15 196	977	carles &	ulas		
- lav		D.F.	TOTAL PRIMATORION	ILAND DATE	T 0 100	M //	1	8		

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-trans;t permit. Then please remove carbon papers. Pages 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and event, within 72 hours after directors. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 20M 1, 15 (4) 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 020 CERTIFICATE OF DEATH funeral and 2 death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY by the fi Pages 1 urs after Joshington MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) von papers. Pag within 72 hours Hamerstown month Williamsport .2 Ę filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO C YES etely completely we carbon NAME OF First Middle Last DATE Month Dav Year 4. DECEASED event, (Type or print) DEATH 19 executed 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED T iast birthday) Months | Days Hours any and Tenale WIDOWED DIVORCED 5 10a, USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Hone Housewi 1119 POOPt . S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova ed by the attending to transit permit. Then, cremation, or remova Ernest Reid Olive May Flora 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT O DO Address death (Yes, no, or unkown) (If yes give war or dates of service) has been signed by the as the burial-transit prior to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN The law regulres that the ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: ARCINOMAOFBREOS or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last, CERTIFICATION detached for use a detached for use a te Dept, of Health p PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119 WAS AUTOPSY PERFORMED? NO F YES the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MED, CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) a After Hour a.m. OR ATTENDING P While Not While 19 p.m. at work at work DIRECTOR: A age 3 should led with the \$ 21. I certify that (I) (this hospital)/attended the deceased from 1 A.M. from the causes and on the date stated above. saw the deceased alive or death occurred at 22a. SIGNAZIA 22b. DATE SIGNED ATTENDING STAFF TO FUNERAL DI director, page M.D. DIRECTOR Page 4 may 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Williamsport BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. REMOVAL (Specify) 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR VR #15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



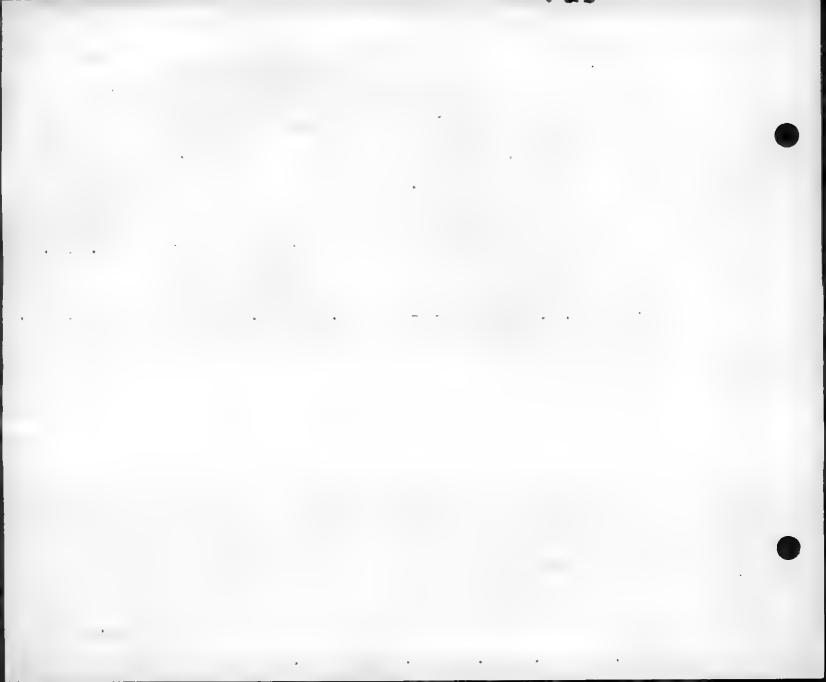
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	029	61		CERTIFIC	ATE	OF DEATH		0204	9
	PLACE OF DEATH o. (QUNTY Washing			MARYLAN		o. SIATE Florida	Hi.	OUNTY llsboroug	h
	write RURAL and Rural Bo	fouts de corparate limits give negrest tawn) OONBOOTO		16 Months	b	Tampa	tside carparate limits, write	RURAL and give nea	
	d. NAME OF HOSPITA Fahrney	Keedy em.	t in hospital, Home	give street oddress)		d. STREET ADDRESS 827 Baysh	ore Blvd.		e IS RESIDENCE ON A FARM? YES NO X
	NAME OF DECEASED (Type or print)	Walter	şf	Middle J•		Staley	A.F.	ruary 5,)ay Year 19 66
S	Male	6 COLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARRIED [DIVORCED [8	July 11, 18	9. AGE (In years last birthday 74 yrs	Magybs Day	
dur	ng mast of wark ng School	(Give kind af wark dane de, even if retired) 'eacher		IND OF BUSINESS OR NDUSTRY.		Rural Reti	& State, ar foreign country)	12 CITIZEN COUNTR	
	Pierson						a Snavely		
(Ye	WAS DECEASED EVE es, na, ar unknawn) Yes	RINLS ARMED FORCES? (If yes give war or dates a W. W. One	f service)	81-26-0754		FORMANT GOLDIE M.	Staley, Boo	onsboro Rí	rd.1, Md.
		e cause (a), ((o)	(c), (b), and (c).)	Ton.	Caleria //	-Sclerosis		ONSET AND DEATH THE STREET STREET
CERTIFICATION							DITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES NO
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		·	`		Part I or Part II of Item 18.)		
MEDICAL	20x TIME OF INJL Hour a.n p.n	10	2Dd While at was	e - Not While -		E OF INJURY (Home, form ry, street, office bldg., etc.)) (County)	(State)
	saw the de	eceased alive an_		nded the deceased fro		death accurred at	6 1 PM, fram caus	es and an the d	
2	220. SIGNATURE MD ATTENDING MED DIRECTOR PHYS 1946							1 1611	
230	NAME (Type) BUR AL, CREMATIC	IN, 236 DATE THI	e is le te	23¢ NAME OF CEMETER	RY OR C	REMATORY	23d. LOCATION (City of	Town) (Cou	nty) (State)
	Buria I FUNERAL DIRECTO	2- 8-	- 66	Rest Have	en C	emetery 250 RECT	Hagersto	registrar's signa	TURE
J	ohn H. Ba	ast, Jr. 11	2 N. M	ain St. Boor	ngbo	ro, Mal JEEB	8 1096 /	121, . Ja, (lefge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please famore carban papers. Pages ond should be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and from givent, within 72 hours offer differ.

VR A15 [4] 20 M 1/66



FOR STATE HEALTH (DEAT.

O DEPUTY MEDIX.—EXAMINER: This certificate should be executed within 24 hours after death. If any delay. Cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY MEDI:

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the state Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 pours after death,

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	TOOKS MEDICALIERANINEK,	S PERMUNICALE OF DEATH 15.043
1	. PLACE OF DEATH	, 2. USUAL RESIDENCE (Where deceased lived, 1f Institution: Residence before admission)
	a. COUNTY	a. STATE b. COUNTY
<u> </u>	Washington MARYLAN	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Hagerstown	Prinkstown //
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	ess) d. STREET ADDRESS e. IS RESIDENCE
4	Washington County Hospital	I ON & FARM?
-		105 Stouffer Ave. YES□ NO 12
3	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
П	(Type or print) Sherry Ann	Stottlemuer DEATH February 1 /2 1966
5	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	7 8. DATE OF BIRTH 9. AGE (In years, IF UNDER 1 YEAR IF UNDER 24 HRS.
	Gamala life: +	. Iast Dirthday) Months Days Hours Min
1		October 2, 1950 15 yrs.
á	uring most of working, life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Student High School	Martinsburg, W. Va. USA
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
П	Cleatys Sherwood Stottlemy	er Alice Ann Haines
-	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	
	Yes, no, or unkown) (If yes give war or dates of service)	Junkstown, I'd.
	No None 1	"Irs Hace Hun STOTTLEMIER. 105 Stoutfor Aug
	18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), end (c).]	Aspiration Of Blood Into Lunga INTERVAL BETWEEN
П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Pulmonar	Aspiration of Blood into Lungs, Onset and Death
		onary Laceration And Right
	geve rise to immediate (b) Lower Lobectomy	
	ceuse (a), stating the DUE TO Fractured 5.6.7.	8 Ribs & Fracture Of Right
	underlying cause last. (c) Remure	
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	
MEDICAL CERTIFICATION		PERFORMED?
18	20s EVTERNAL CALLSE WAS 1 20h DESCRIPE HOW INCHIDE	OCCURREO. (Enter nature of Injury In Part I or Pert II of Item 18.)
] =	208. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	OCCURATO: (Entel hathle of hills) in rate i or rait ii or stain 10%
12	CAUSE OF DEATH. While sledding str	uck by car at street inter section
18	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
E	1:30 p.m. 2-1- 19 66 at work at work	
2		Street Finkstown, Washington, Md.
	21. I certify that I took charge of the remains described above	
	death resulted from: Natural causes, Accident 🔀 ,	Suicide, Homicide, Undetermined manner
	16018	CHIEF MEDICAL EXAMINER
	SIGNATURE NEW NEW NEW NEW NEW NEW NEW NEW NEW NE	M.D. ASSISTANT MEDICAL EXAMINER
		DEPUTY MEDICAL EXAMINER & 2-3-66
	EXAMINER'S Dr. E. W. Ditto, Jr.	Address (Street, city, town, or county) Hagerstown, Md.
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	TERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
1	REMOVAL (Specify)	
	Burial Rest Hau	ren Cemetery Hagerstown Md.
13	4. FUNERAL DIRECTOR When C Nova & ADDRESS	25a! REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	Rest Haven Funeral Chapel Hagerstown	a Md. DATES 8 1908 Port - No Judge
	Nulle Marie Company	to the

1 3: 2,2

CERTIFICAT

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	-	OF DEATH	02044
Ì	2.	. USUAL RESIDENCE (Where deceased !	ived, If institution: Residence before admission)
1		a. STATE Maryland	b. COUNTY / J
ı			b. COUNTY Washington
Ϊ	C.	. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)

e. IS RESIDENCE

(State)

(State)

PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution	on:
Washington	MARYLAND	a. STATE Maryland b. COUNTY	Na
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RU	JRA
Hagerstown	38 yrs.	Hagerstown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS	
Mashinaton County Hose	nital	36 & Washington St	

П	111-1-1-2	to . C t. 1	Lancia Calca de	1	C 10 .1	• + C+		ON A FARM?
ı	wasni	ngton County k	ospital	30	¿.wash	ington St.		YES ND
ı	3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Year
ı	(Type or print)	Howard	Emory	Strite	DEATH	February	18	19 66
ı	5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years IFU)	VDER 1 YEAR	IF UNDER 24 HRS.
I	Male		WED C DIVORCED	October 22,	1905	1ast birthday) Mon	ths Days	Hours Min.
I	1Da. USUAL OCCUPATI during most of working	DN (Give kind of work done 1 ng life, even if retired)	Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE			2. CITIZEN COUNTRY	
1	Maintenance	e & Assembly	Aircraft	9rank	din Cow	rtu.Pa.	USA	
I	13. FATHER'S NAME		,	14. MOTHER'S MA	IDEN NAME			
ı		Charles	Strite	K	Rosie Md	Kee		
J		VER IN U.S. ARMED FORCES? (If yes give war or dates of service)	16. SOCIAL SECURITYNO.	17. INFORMANT		Address	lagers	town. Md.
	No	(it yes give was or mates of service)	214-09-5084	Mrs. Retty Bur	ger 420			
1	18. CAUSE DF D	EATH [Enter only one cause	per line for (a), (b), and (c).	1	0 0	- A		RVAL BETWEEN
l	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	on horine	on and he	will fo	relose	UNS	ET AND DEATH
١	K	DUE TO	J. 1	+ /	11.0			
	Conditions, If a	101	Thethe dos	ue muy	freund	<u> </u>		row

DUE TO (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE WAS AUTOPSY PERFORMED? NOV

DESCRIBE HOW INJURY OCCURRED. Enfer nature offinjury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work 21. I certify that (I) (this hospital), attended the deceased from

M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS.

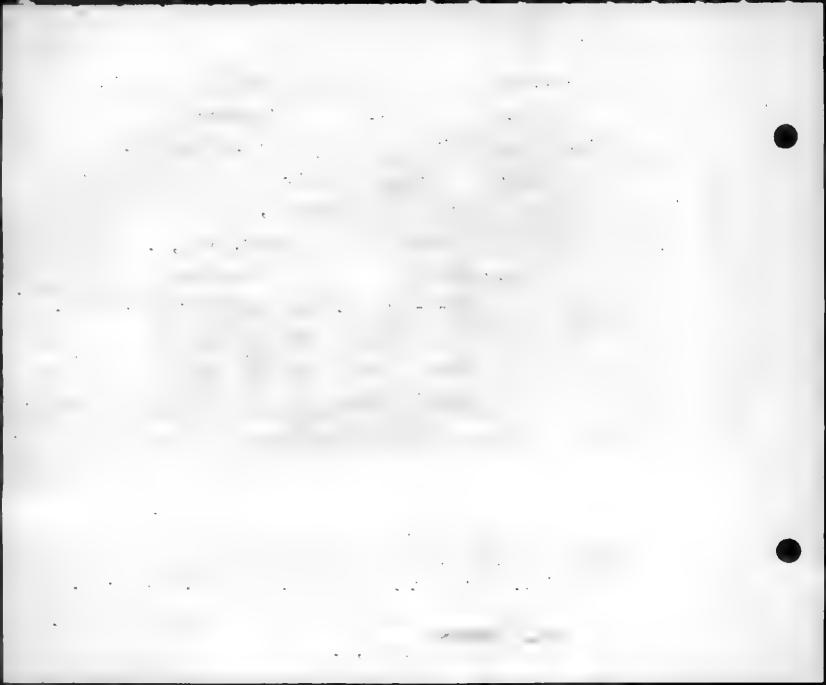
PHYSICIAN'S NAME (Type) ADDRESS 22c. 22d. Prospect St. Hagerstown Md.

BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) Hagerstown

Hagerstown Md. Rest Haven

REGISTRAR'S SIGNATURE

(4) VR AIS



de str TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. From please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or refroorst, and in any event, within 72 hours after death.

VR A15 (4) 20M 1/65

gibbs.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	a. COUNTY	4			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence bef	ore admission)
		WASHINGT	ON	MARYLAND	a. STATE B. COUNTY WASHINGS	CON
		N (if outside corporat and give nearest tow		C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give n	earest town)
	HAGERS		ht 446 - 4 1 - 5	23 DAYS	HAGERSTOWN	
				ospital, give street address)	d. STREET ADDRESS 8. IS	RÉSIDENCE N A FARM?
	WASHINGT	ON COUNTY F	OSPITA	L	133 W. FRANKLIN STREET YES	NO X
3.	NAME OF DECEASED	Fi	rst	Middle	Last 4. DATE Month Day	Year
	(Type or print)	CECILI	A	VIRGINIA	SWITZER DEATH FEBRUARY 13	19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR IF U last birthday) Months Days Hi	
F	EMALE	WHITE	WIDOWED	DIVORCED	DEC. 8. 1879 86 yrs. Months Days He	ours Min.
1Da	. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF COUNTRY?	VHAT
-	INSPEC			HOE FACTORY	WASHINGTON CO., MARYLAND U.S.A	
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN NAME	
	SAM	UEL SWITZER			MARY J. LAWRENCE	
15.	WAS DECEASED !	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.		YLAND
(Ye	s, no, or unkown)	(If yes give war or dates of		14-09-4968 W	LLIAM H. SWITZER 133 W. FRANKLIN S	errt.
		DEATH (Enter only one		ine for (a), (b), and (c)/1		L BETWEEN
		ATH WAS CAUSED BY IMMEDIATE CAUSE		erev		NA GEATH
	•	X DUE		3 . 0	1011 9 4 0	
- [Conditions, If		(b) ()-	eneral,	There o element, o	TIA,
	gave rise to cause (a), st		TO			7
	underlying caus		(c)			
NO.	PART II. OTHER S	IGNIFICANT CONDITIO	NSCONTRIBL	TING TO PEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WA	S AUTOPSY REORMED?
ICAT			()	The Me	104CO YEST	NO N
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING DOWN OF CAUSE OF DEATHER MEDICAL EXAMINATION	20b. I	DESCRIBE HOW FYURY OCK	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	- 4
- 1				NI	he	
MFOICAL	20c. TIME OF I	INJURY Month, Day,	-	facto	E OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
MEC	p.n		White at work	m not wille m	T-0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	21. I certif	y that (I) (this hosp	tall attend	ed the deceased from	Tel- 6 1966, to 1966, that	(I) (see) last
		seased alive on	MI	9 and that	death occurred at M. from the causes and on the date st	ated above.
	22a. SIGNATUE	7	1/2	- CO /	22b. DATE SIGNE	0
			11	la Command		
J	22C. PHYSICIA MAME (Ty	rmo)	TOPACIT	1 500 16	22d. ADDRESS	
0		JACA n.	***		221.W. WASHINGTON ST. HAGERSTOWN	
23a	BURIAL, CREM REMOVAL (Spe BURIAL	ATION, 23b. DATE I		23c. NAME OF CEMETERY		(State)
		/1/	16,196		METERY HAGERSTOWN MD.	
24.	FUNERAL DIRE	CIOR		ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATU	
C	Kauson	Menzer	HAGER	STOWN, MARYLAN	DAFEEB 21 1968 pleasely Jus	ge

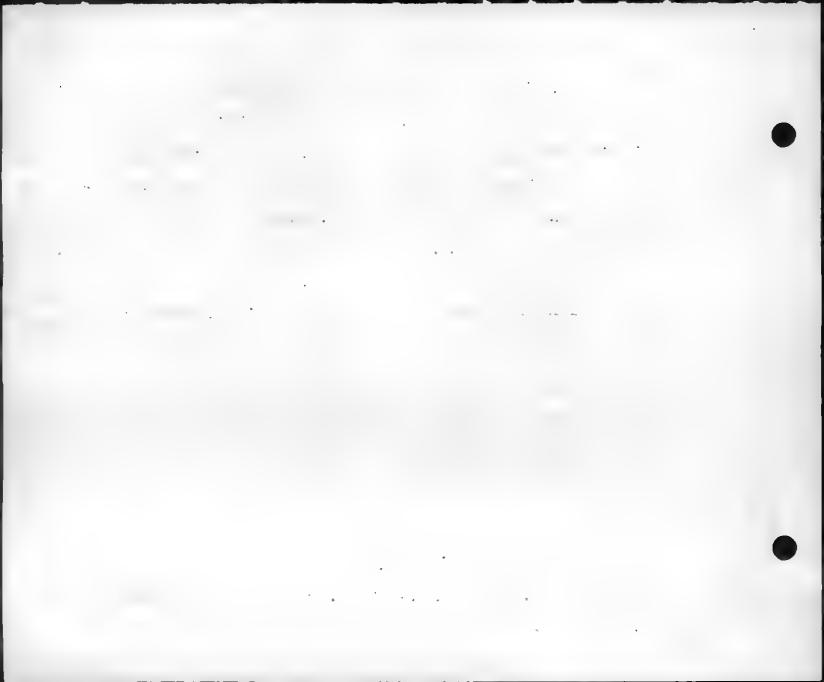


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased .. vad, if institution. Res dence befor edmission) a. COUNTY a. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) HAGERSTOWN BOONSBORO d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? WASHINGTON 3. NAME OF YES NO Y BOONSBORO Middle DATE DECEASED OF (Type or pnnl) DEATH MARTA 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER I YEAR B. DATE OF BIRTH FUNDER 24 HRS. lest birthdey) Months Davs WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CTIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE MARYLAND II-S.A. 14. MOTHER'S MAIDEN NAME WILLIAM BAKER

1S. WAS DECEASED EYER IN U.S. ARMED FORCES? LUCINDA JACKSON 16 SOCIAL SECURITY NO. 17. INFORMANT TAKOMA PARK (Yes, no. or unknown) (If yes a vewar or detection) IB. CAUSE OF DEATH [Enter only one cause per line for let, (b), and (e).] MRS. DAISY
PART I DEATH WAS CAUSED BY: Congestive Heart Failure MRS. DAISY SCHMIDT MD. INTERVAL BETWEEN HAS SOLES IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO gave rise to immediate cause က် ၈ နှ DUE TO (e), stelling the underlying cause last. PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1 81 19, WAS AUTOPSY 2 PERFORMED? NO TO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Part I of Jem 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. Chief 3 sage 3 s to burie 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) While Not While factory, street, office bldg., etc.) Hour a.m. slease execute the tertificate, v
I hould be forwarded to the
FUNERAL DIRECTOR: Pa
or its designated agent, prior t at work at work 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection & Inquity and in my opinion death resulted from: Natural causes & Accident // Suicide Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY 580 Northern AVE THagerstown Address (Street city, town, or county) Haryland EXAMINER'S NAME (Type) 9929 22c. NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION, 226 DATE THEREOF 22d. LOCAT ON (City, lown, or country) REMOVAL (Specify) ò 40 HAGERSTOWN 2/18/66 MD . 23. FUNERAL DIRECTOR 1 248 REC'D BY REGISTRAR 1 24b REGISTRAR'S SIGNATURE



. 1	1	1	Items 188	21 Film G3	375 MIKRY	LAND STATE DE	PARTMENT OF	HEALTI	1		
ا	l		DIV	Mail or STALLSIL	CAL RESEA	ARCH AND RECORDS	, 301 W. PRESTO	STREET,	BALTIMORE	1, MARYL	AND
FOR S		.	0251	b M	EDICAL	EXAMINER'S	CERTIFICAT	E OF D	EATH	11	2047
HEALTH	MEL		1. PLACE OF DEAT	Н			2. USUAL RESIDENC	E (Where dece	ased lived, if Instit		e before admission
	N			WASHING	GTON	MARYLAND		LAND		WASH	INGTON
funera may b	tmen		b. CITY OR TOY Write RURAL	VN (If outside corpora L end give nearest tow	te limits, vn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corp	orate ilmits, write	RURAL and g	Ive nearest town
40	epartmen ter death		HAGERS	TOWN		5 YRS.	d. STREET ADDRESS	HERSTOW	N		- In Dialpone
. 0 8	ED #	- 4			• • • • • • • • • • • • • • • • • • • •	spitai, giva street address)					e. IS RESIDENC ON A FARM?
3 n 3	State	- 1	2105 H1	LLENDALE RO	DAD Irst	Middle	2105 HILL	ANDALE	ROAD	Day	YES NO Y
any del 2, and PM3.	20		DECEASED (Type or print)	MAUR		BARBARA	UHL	OF DEATH			
-	包息	-)	5. SEX	6. COLOR OR RACE			8. DATE OF BIRTH		AGE (In years IF last birthday) M		
ith. If	3:	\mathbb{Z}	FEMALE	WHITE	WIDOWED		JAN. 10.1921		45 yrs.	onths Days	Hours Min.
e Pa	and		1Da. USUAL OCCUPA	TION (Give kind of work king life, even if retire	done 10b, Ki	ND OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreig		12. CITIZEN COUNTR	OF WHAT
Giv Giv	3 T		SECRET	ARY		.S. GOV.	MASSAC	HUSETT	S		S.A
18. alon	1 20 E		13. FATHER'S NAM	AE .			14. MOTHER'S MAIS	EN NAME			
tem fice	nd p		15 WAS DECEASED	JOHN KELE		SOCIAL SECURITY NO. 17.	ANNE SHI	PSEY	HACKERS	NATE WAY	מונג דעכ
2 = 12 = 12 = 12 = 12 = 12 = 12 = 12 =	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(Yes, no, or unkown)	(If yes give war or do tes e	of service)					-	LITHUM
nithi ner	permit		NO 1 18 CAUSE OF	DEATH (Enter only on		ONE	DWARD UHL 2	2105 HL	LLANDALE		ERVAL BETWEEN
ited with in meno Examine				EATH WAS CAUSED BY IMMEDIATE CAUSE		Mhe/ Myocard	ial fihrosi	E-Foca	1 of 16	ON:	SET AND DEATH
and and			+ -			icle and I-V			-		ndet.
die ex	ial-tran nation,		Conditions, If	any, which }	(b)	2020					
5 T	buris		geve rise to cause (a), s	stating the DUE	Tointer	stitial myoc	arditis and	small	artery		
shou rord Chie	as a		underlying cau		(G)	rosis. TING TO DEATH BUT NOT REL	TEN TO THE TENSING.	NOE A DE COMP	ITION OIVEN IN DA	RT 1(a) 19.	. WAS AUTOPSY
ate s	used as to burial	^	<u> </u>			- pancreas		JISEASE COND	I I I ON GIACH IN LY		PERFORMED?
時間	9 P	•				ESCRIBE HOW INJURY OCCI		Injury In Par	t I or Part II of		E2 140
e ii e	orior		20s. EXTERNA PRIMARY OF CAUSE OF DEA	AL CAUSE WAS CONTRIBUTING TH.			•				
This	3 shot agent,			,	Year 20d. IN	JURY OCCURRED 200. PLA	CE OF INJURY (Home, fa	irm, 20f. (0	Olty or town)	(County)	(State)
e fort	a 30		20c. TIME OF Hour a.	.m. 19	While at work	Not While et work	ory, street, office bldg., e	10.)			
d b	Page			y that I took charge		ains described above, he	ld an Autopsy 🛣,	Inspection	, Inquir	y 🔲 , an	d in my opinio
should so	OR:		death resul	ted from: Natural	i causes 🟝	Accident, Su	icide 🔲, Homici	de 🔲, l	Indetermined m	anner 🔀	
4 4	RECT Is di		ACTUAL S	57 11	1//3	to be To	CHIEF MEDICA			2.	2. DATE SIGNEI
MEDI ecute Page	or ii		SIGNATURE	Thereof 14	fred	to find the same of the same o					t, DATE STRIKE
EX	ERAI		EXAMINER'S NAME (Type)	EDNARD W.	DITTO.	JR. M.D. 215				MN 2/7	7/1966
O DEPUTY please ex director.	FUNE		23a. BURIAL, CRÉS	MATION 23b. DATE	THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOC	ATION (City, tow	n or county)	(State)
5 2 2 3	10 je	0	BURIAL (SE	FEB. 9	1966		TETTERY		INGTON,	VIRGIN	
EIN A	SHE IF	H	24 - FUNERAL DIR	11	WW A 6	ADDRESS	je je je	A 4	TRAR 25b. REG		NATURE
5M	15ME (5) 1/65	1	HERU SOM	Folisse	HAGE	RSTOWN, MARYL	AND DATE E	1 1 16	366 gel	carles)	udge



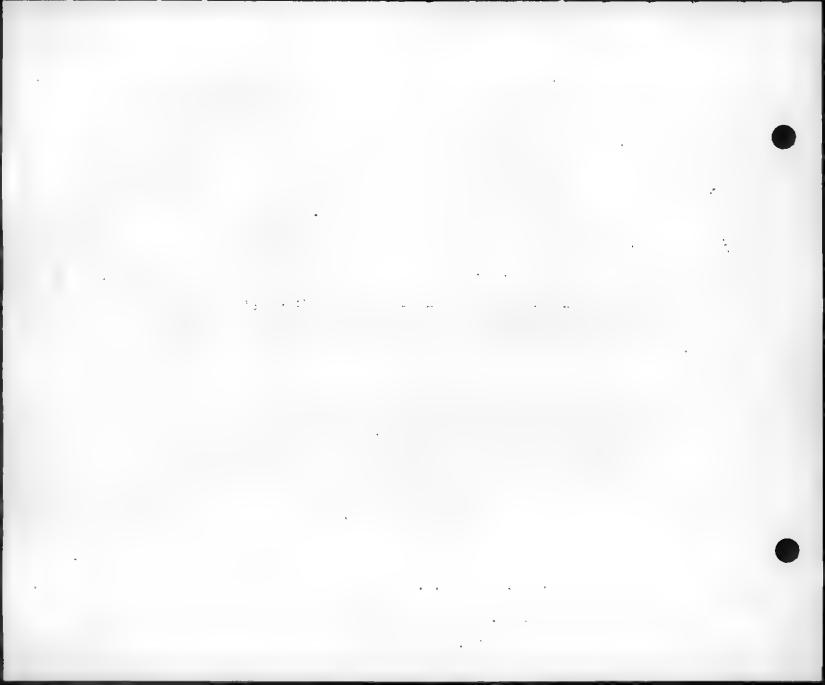
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12948

	€ بعديكارو	17 (32)	3 + 0	m - 2 - m - 2 /	1 1/ 4/11	1371			13.797	J 4 3	
1.	PLACE OF DEATH	H				IDENCE (W	there deceased live		tion: Residenc	e before ad	mission)
	a. 000mm	WASHINGTON	1	MARYLAND	a. STATE	MARY	LAND	b. COUNTY	WASHI	NGTON	I
	b. CITY OR TOW	N (if outside corporand give nearest to		c. LENGTH OF STAY IN 16	c. CITY OR TOW	VN (If outs	ide corporate il	mits, write i	RURAL and gi	ve neares	t town)
		AGERSTOWN	wn)	1½YRS.	H.	AGERSI	rown			4	
	d. NAME OF HOS	SPITAL OR INSTITUTI	ION (if not in h	ospital, give street address	d. STREET ADD	RESS				e. IS RESI	IDENCE
	CLEARVIE	W NURSING	HOME		1016 00	יוייואלל לוג	STREET				NO Y
3.	NAME DF		irst	Middle	Last	4.	DATE	Month	Day		357
	(Type or print)	ADA		REGINA	WAGNER		DEATH FEB	RUARY	22	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	Н	9. AGE (I	years IFL	INDER 1 YEAR		24 HRS.
F	TEMALE	WHITE	WIDOWED	DIVORCED	NOV. 18.1	874	91	rthday) Mo	nths Days	Hours	Min.
10a	. USUAL OCCUPAT	ION (Give kind of worling life, even if retir	k done 10b. K	IND OF BUSINESS OR			& State, or foreig		12. CITIZEN COUNTR	OF WHAT	
uui	SEAMST		eu) II	SELF	FREDER	ICK C	O. MAR	LAND		S.A.	
13.	FATHER'S NAM			013131	14. MOTHER'S					- 00	
		IGNATIUS	WAGNER		MARY	LIVE	RS				
15	. WAS DECEASED	EVER IN U.S. ARMED F	ORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Ida isal	SPORT,	MD.	
(11	NO er unkown)	(If yes give war or dates	or service)	579-22-2484 PA	UL WAGNER	18 1	TAMMANY .	LANE			
-1	18. CAUSE OF	DEATH [Enter only o		ine for (a), (b), and (c).]			/		INT	ERVAL BEI	TWEEN
		EATH WAS CAUSED B	Y: /	I kahnotine	of small	I Ka	wed		DNS	SET AND D	
	1706	IMMEDIATE CAUSI	, ,	/							
	Conditions, If		E TO								
	gave rise to	Immediate ((b) E T O								
	cause (a), st underlying caus	rating the	(c)								
NO.	PART II. OTHERS	SIGNIFICANT CONDIT		ITING TO DEATH BUT NOT REL	ATED TO THE TERM	NAL DISEA	SECONDITION	IVEN IN PAR	T1(a) 19.	WAS AU	
CAT	1 dista	Ketre mi	Milie	4 detiring	Surfer He	net.	Break		Y	PERFORI	NO X
I	20a. ACCIDENT	WAS UNDERLYING] 20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nati	ure of inju					43
CERTIFICATION	OR CONTRIBUTI	ING CAUSE OF DEATIFY MEDICAL EXAM	ATH INER)								
3AL	20c. TIME OF	INJURY Month, Day,	Year 20d. !	NJURY OCCURRED 20e. PL	ACE OF INJURY (Ho	me, farm,	20f. (City or	town)	(County)	(S	tate)
MEDICAL	Hour a.r		While	Not While at work	ory, street, office bl	ldg., etc.)					
Σ	21 / nortif			ed the deceased from	Feb 13	19 6	4 to FE	6.22	10 66 +	hat (f) (v	to) fact
		ceased alive on	Feb	19/19/14, and the	at doath occurred						
	22a. SIGNATUR			Z. Z. J.			Lift, Hoal tile		2b. DATE SI		000101
		51	words MA	week N	D. PHYS.	MED.	CTOR FHY	FF S	2/22/19	966	
	22c. PHYSICIA			100	22d. ADDRE	SS	1100		my way 1	700	
	NAME (T)	(pe) EDSON B	. MOODY	M.D.	145 S.	PROS	PECT ST.	HAG	ERSTOW	N, MD	
232	BURIAL, CREM		THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	2	3d. LOCATION	(City, town	or county)	(St	ate)
	BURIAL (Spe	BEB.	24,1966	CEDAR LAWN	CEMETERY		WASHING	TON CO	MD.		
24	117.	СТОР		ADDRESS			Y REGISTRAR		STRAR'S SIGI		
(Kayles n	, Karyer	HAGE	RSTOWN, MARYL	AND DET	EB 2	3 19:3	, , , ,	Dr. M.	e, lge	

VR A15 (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after quality.

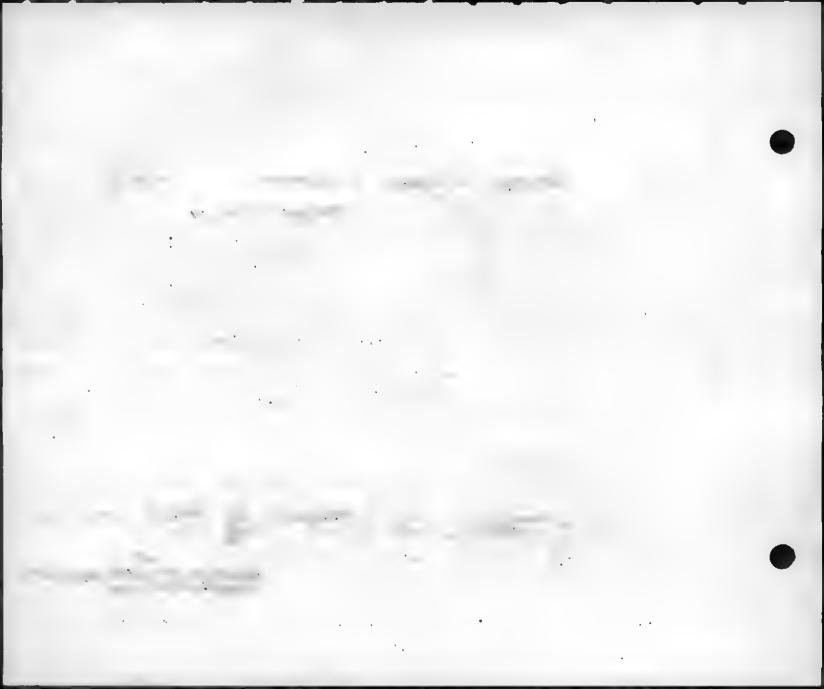
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1		nassa certificat	E OF DEATH	02949
ı	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution	on: Besidence before admission)
ı		Washington MARYLAND	a. STATE XX b. COUNTY	Pr. Bes /
ı		b. CITY OR TOWN (if outside corporate limits, write RUBAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write Ri	JRAL and give nearest town)
ı		Has Worth	Dakoma Par	f 1 .
ı	_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	6. IS RESIDENCE ON A FARM?
		Wistern Maryland State Hospital	503 Lineren avenue	YES NO
	3.	NAME OF First Middle	Last 4. DATE Month	Day Year
J		(Type or print) SEORGE KIEFFER W	arman DEATH TEB.	7, 1966
1	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUN Mont	THE I YEAR IF UNDER 24 HRS. This Days Hours Min.
	1	MALL WIDOWED DIVORCED	may 17/1914 51 yrs.	
1	dur	USUAL OCCUPATION (Give kind of work done in the most of working life, even if retired) The first file of working life, even if retired) First file of the many file of the most of working life, even if retired)	Hyallsville Md	2. CITIZEN OF WHAT COUNTRY?
ı	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1		Frank C. Warman	Ida Kiener	
ľ	15 (Ye	no ar (inkown) ((true nine war ar dates of service)	INF DRMANT Address	1 1/3
1	(10	NO	is Calkerine to Warman	(same al 92)
I	_	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
1		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LC. BUL	OR PHELIMONIA LT	ONSET AND DEATH
ı		' d O / DUE TO		
1		Conditions, If any, which \ (h) ACUITE MU	10 LARDOBL INTAIC TION	1 WEEK
J		gave rise to immediate cause (a), stating the DUE TO CEREBRAL	THREMISCSIS	2 1/2 4 841
1		underlying cause last. (c) 68 N & CAC /2	CED BATERIUSCLA 120318	Meppes
	5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) M9. WAS AUTOPSY PERFORMED?
7	CA			YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUON CONTRIBUTING CAUSE OF DEATH	JRRED. (Enter nature of injury in Part I or Part II of Iter	n 18.)
1		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
1	MEDICAL	facts	CE OF INJURY (Home, farm, 2Df. (City or town) bry, street, office bidg., etc.)	(County) (State)
1		Hour a.m. p.m. 19 While Not While racto	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		21. I certify that (I) (this hespital) attended the deceased from 1	nay 13, 1965, to FE 6. 7, 1	9 66, that (1) (we) last
1		saw the deceased alive on FEB. 7 1966, and tha	t death occurred at 235M, from the causes and	on the date stated above.
1		22a. SIGNATURE	ATTENDING MED. STAFF	DATE SIGNED
1		Jun a, Jamery M.	D. PHYS. DIRECTOR PHYS.	3-1-66
		22c. PHYSICIAN'S EFREN A. TRAMIREZ	22d. ADDRESS Western Md, Sta Hagershuw, m	d.
	23a		Y OR CREMATORY 23d. LOCATION (City, town of	r county) (State)
		Burial Teb 10, 1966 Mount alex	ef Cemetery Washington	1_ 4/6
	24	FUNERAL DIRECTOR ADDRESS	25a. BEC'D BY REGISTRAR 250 REGIST	RAR'S SIGNATURE
	1	Roma Junical Homeone 254 Carroll De	DATE 3 1 0 1966	in Judge

VR AI5 (4) 20M 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed mithin 24 limits aften death. Page 4 may be retained by the hospital or attending physician.



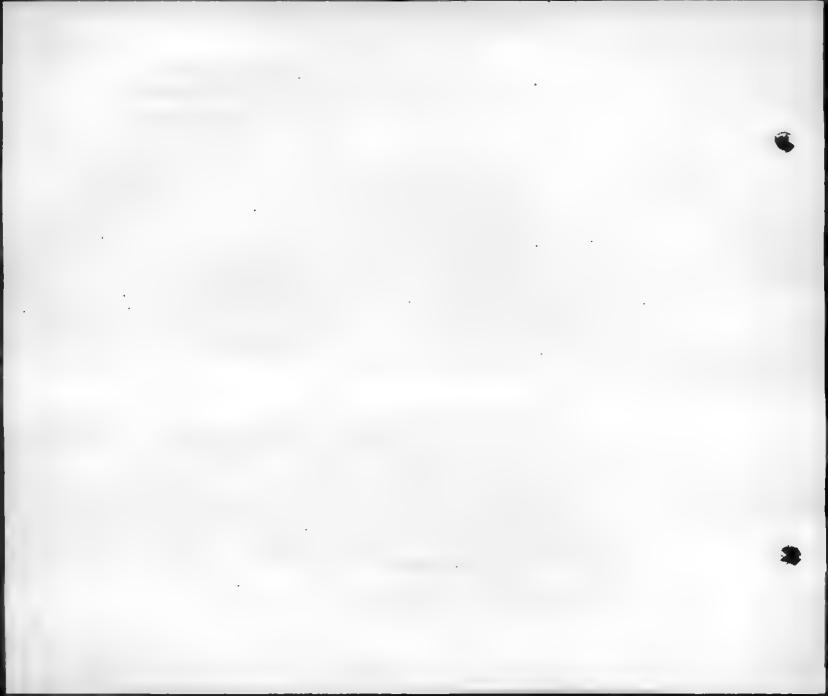
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MARYLAND STATE DEPARTMENT OF HEALTH

MORE 1, MARYLAND

A121OM	Or	21 WIIZLICAL	KESEARCH	ANU	KEC OKD2		RALII
		CE	RTIFIC	ATE	OF D	E/	ATH

	02969	CERTIFICA	TE OF DEATH	·		02950
	PLACE OF DEATH O. COUNTY W/a Shington	MARYLAND	2. USUAL RESIDENCE (Who		f institution: Residence	e before admission)
\vdash	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utide corporate limit		ve negrest town!
	RURAL and give nearest town)	4	D 12	- 44- /	4.64	TO FIGURE TOWN
\vdash	d. NAME OF HOSPITAL (If not in haspital, give street	6 WKs	1877	1 4- /	1011	e. IS RESIDENCE
	OR INSTITUTION	. 1 11 1.	d. STREET ADDRESS		1	ON A FARM?
	Homewood Chur	CV HOWETH	<u>L</u>			YES A NO
3.	NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Day Year
	(Type or print) Sallie	May	Weigel	DEATH	Feb	13 1966
5.	SEX 6 COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	The second second	YEAR IF UNDER 24 HRS
	T W WIDOW	ED DIVORCED	7267,18	88 7	yrs. Months	Doys Hours Min
10	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote of	or fareign country)	12 CITIZ	EN OF WHAT COUNTRY?
	Housewife	7armer	Yor	K C	0	USA
13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN N	AME		
	FLONK SHY	det	1	lice	Henr	4
75.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17. IN	NFORMANT	71	Address	co Va Ave
(A	es, na, or unknown) If yes, give war or dates of service)	00 - 47- 570 D	-mes 0	of money	104 1170	in and the
H	18 CAUSE OF DEATH Enter only one couse per li	7 7 - 0 - 1 10 10	Mora	The first	of much	INTERVAL BETWEEN
	18 CAUSE OF DEATH [Enter only one couse per fi		1 C .		/ '	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	TYTETAI	12ed Car	-C/17 1877	rotesis	2 yers.
	1412 DUE TO	1				
	Conditions, if ony, which (b)				<u>-</u>	
	cause (o), stoting the under-					
	lying cause lost. (c)					
CATION	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE COND	TION GIVEN IN PART	1(D) 19 WAS AUTOPSY PERFORMED?
CAT						YES NO
E	20d. ACCIDENT WAS UNDERLYING [] 20b DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort tor Part II of ite	m 1B)	
l iii	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d I		ACE OF INJURY (Home, farm		(C	aunty) (State)
AEDI	Hour a m. p. m. 19 at war	Not while Tal	ctory, street, office bldg., etc.)		
_			Jan 10 10	11. to	613 1969	7 11 1 10 1 1 1 1
	21 I certify that (I) (this haspital) often			21		5, that (I) (we) lost
	saw the decepsed office on 7 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	1966, ond that c	death occurred & 20	M, from the co	uses and on the	dote stoted obove
	220 SIGNATURE	P.	M.D ATTENDING ME	D STAFF		SIGNED
	more rest	Courand		RECTOR L PHYS		2 43-66
	22c PHYSICIAN'S NAME (Type)	Congressed	22d. ADDRESS	4 /	Nas HIRA	
	JOBES 1	- 0.17. (4)			22/0011	1714
23	O BURIAL CREMATION, 236 DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (Cit	y town or county)	(State)
	BURIOL PEB 16 MGC	SHILOH C'EN	ne Teny	SHILOH N	MINNOH TH	of York. PR
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'E	BY REGISTRAR	SS REG STRAR'S SIG	NATURE
	1 Anche Identinates	Mar I rou	Long Co Fate B	1 7 1000	12 11/2 1/2	1.100



A FOR STATE HEALTH DEPT.

and 2 with the State Department event with 72 hours after death.

cessary, a funeral

O DEPUTY MED EXAMINEM This certificate shows be exmuted mithin 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files.

3 should be used as a burial-transit permit. File pages 1 agent, prior to burial, cremation, or removal, and in any e

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND RESEARCH AND RECORDS AND RESEARCH AND RESEAR 00070

1.	PLACE OF DEATH	Was	hingtor	1 MARYLAND	a. STATE W.		efferson
	b. CITY OR TOW	N (if outside corpor	ate limits,	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (If ou	itside corporate limits, write RURA	L and give nearest town)
מ	Write RURAL	N (if outside corpor and give nearest to eltersou	wn)	hours		-Kearneysville	
п						-Weat Heap Artife	t e. IS RESIDENCE
	d. NAME OF HO	SPITAL OR INSTITUT	ION (If not In he	spital, give street address)	d. STREET ADDRESS	44 -	ON A FARM?
					RFD	# 1	YES NO
3.	NAME OF DECEASED		First	Middle	Last	4. DATE Month	Day Year
	(Type or print)	Edwa	rd	Taylor	Winkler	DEATH February	7 11 19 66
5.	SEX	6. COLOR OR RAC	7 MARRIED		8. DATE OF BIRTH	9. AGE (In yeers IF UNDE	R 1 YEAR IF UNDER 24 HRS.
	Male	white	WIDOWED		ay 23, 190	0 / 3/01	
10a dur	ing most of work	ION (Give kind of wor ing life, even if reti TMCT	k done 10b. Ki	ND OF BUSINESS OR IDUSTRY A TYTO	· ·	Virginia 12. 0	CITIZEN OF WHAT
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN		
		Edward L	ee Win	kler		Whittington	
		EVER IN U.S. ARMEO		SOCIAL SECURITY NO. 17.	INFORMANT R	t. 4. Martinson	urg, W.Va.
(Yı	no, or unkewn)	(If yes give war or date	23.	3-34-3519 Fr		Winkler (son)	
	18. CAUSE OF	DEATH [Enter only o	ne ceuse per ti	ne for (a), (b), and (c).]			INTERVAL BETWEEN
				nary Occlusion			Instant
	>		E TO	•			
	Conditions, 1f			riosclerotic C	andia Vanaul	nn Disease	li vears
	geve rise to	Immediate		PROSETEROPTE O	STOTO ASSENT	IL DISEASE	- 4 3 - 4
	cause (a), s	forting fine [IE TO				
	underlying cau:	The state of the s		nary Disease			1 years
ŏ.	PART II, OTHER	SIGNIFICANT CONDIT	IONSCONTRIBL	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
ATI							YES NO M
음	20s. EXTERNA	L CAUSE WAS	20b. D	COUDING HOW INTHINY OCCI	IDDED (Enter nature of h	njury in Part I or Part II of Item 1	
CERTIFICATION	PRIMARY OF DEAT	CONTRIBUTING	200, L	PESCRIBE BON HIJORT GOOD	ARED. (BITE! Hattire of It	many to rote to the tree to	··,
	2Dc. TIME OF	INJURY Month, Day	r. Year 20d. II	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	n, 20f. (City or town) (Co	ounty) (State)
WEDICAL	Hour a.i		While	- NOT WHILE -	ry, street, office bldg., etc.	.)	
	21. I certif	-		ains described above, he	ld an Autopsy 🔲,	Inspection 🗶 , Inquiry 🗌	, and In my opinion
	death result	ed from: Natur	al causes X	, Accident , Su	icide 🔙, Homicide	· [], Undetermined manner	
		1			CHIEF MEDICAL	EXAMINER [
	ACTUAL	11 Cal	1 1/2		M.D. ASSISTANT MEDI-	CAL EXAMINER	22. DATE SIGNED
	SIGNATURE	7 (- IANU		DEPUTY MEDICAL		2-66
	EXAMINER'S T	m E W T	14++6 J	n			
	NAME (Type)	r. E. W. I				city, town, or county) Hagers	
238	BURIAL, CREN	A m I divid	E THEREOF	23c. NAME OF CEMETER		23d. LOCATION (City, town or c	ounty) (State)
	"buri	11" 2-15	-66	Edge Hill		Charles Tow	n, W. Va.
24	. FUNERAL DIR	ECTOR		ADDRESS	25a. REC'	O BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
10	Ivin T.	Strider	Co.	Charles Town	W. Van Fra	1 5 1958 million	0. 0. 1.5
=	0		11-27		DATE	1 0 1000 / 000	es jugge
	C / V					E2	0

VR ALSME (5) 1/65

TO DEPUTY MED

TO FUNERAL DIRECTOR: Page of Health or its designated



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please emove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law Imquims that the lleat I mitificate be exempted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 52

		PLACE OF DEATH a. COUNTY WASHINGTON	Ţ.	MARYLAND	a. STATE M	CE (Where decease ARYLANI		tution: Residence Y WASH	e before admission) INGTON
		b. CITY OR TOWN (if outside corporate write BURAL and says nearest town) HAGERSTOWN	limits, c. LENGTH O	F STAY IN 1b	c. CITY OR TOWN (IF HAGER	STOWN	ato ilmits, write	e RURAL and g	ve nearest town)
,		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) WASHINGTON COUNTY HOSPITAL		d. STREET ADDRESS 2033 VIRGINIA AVE.				ON A FARMY YES NO 1	
		NAME OF First DECEASED (Type or print) ROBERT		NO	WOLF	4. DATE OF DEATH	FEBRU	ARY 8	19 66
	5.	MALE WHITE		ARRIED 8.	11/9/19	a 12	GE (In years If we will be with the second s	lonths Days	Hours Min.
	duri	USUAL OCCUPATION (Give kind of work dorning most of working life, even if retired) MACHINIST	TOD. KIND OF BUSINED OF BUSINES IN THE SECOND	ESS OR UTILIT		AND	foreign country)	12. CITIZEN COUNTR	S . A .
	13.	FATHER'S NAME CAROL WOLF			14. MOTHER'S MAIL MYRTLE				
1		WAS DECEASED EVER IN U.S. ARMED FORC			INFORMANT	, 111, 121,	Addrese	AGERST	OWN
١	(Yes	, no, or unkown) (If yes give war or dates of sec	214-10-	3976	MRS PAULI	NE C. 1	WOLF	MD	•
	Ī	18. CAUSE OF DEATH (Enter only one c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Assle	and (c).]	tion of	lune	rition		ERVAL BETWEEN SET ANO DEATH
		Cenditions, if any, which gave rise to immediate (b)	Kland	Hing of	hom bro	nchiaf	carer	Would	
	- 1	cause (a), stating the out to disservements of malignant lung character							
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEAT	EBUT NOT RELAT	TED TO THE TERMUNAL!	DISEASE CONOIT	IONGIVEN IN PA		WAS AUTÓPSY PERFORMED? ES NO
		202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OF CATH (IF EITHER, NOTIFY MEDICAL EXAMINES		INJURY OCCU	RRED. (Enter nature o	f injury in Part	l or Part II of	Item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Oay, Yea Hour a.m. p.m. 19	ar 20d. INJURY OCCUR While Not While at work at work	factor	y, street, office bldg., e	arm, 20f. (Cil	y or town)	(County)	(State)
	21. I certify that (I) (this hospital) attended the deceased from 12/13, 1965, to 2/8, that (I) (we) last								
		saw the deceased alive on 2/7 19 66 and that death occurred at 2A M, from the causes and on the date stated above.							
		22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF PHYS. DATE SIGNED 22b. DATE SIGNED 22c. DATE SIGNED							
		22c. PHYSICIAN'S NAME (Type) Thomas V	V. Graig, N		22d. AOORESS	otomac	St.		_ ; =
	23a.	BURIAL, CREMATION, 23b. DATE THE REPUR (PACE) 2/11			OR CREMATORY CEM.	HAG	ERSTOW	N county)	MD ^(State)
1	24.	FUNERAL DIRECTOR	ADDRE	SS	25a. RE	C'O BY REGISTR	1001	Carles (NATURE
3	/	11 / // // // //	177711111111	· //	7 / 1	J 46 MP	AN A	THE Y	War and the same of the same o

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

029	72	CERTIFICATI	C OF DEATH		11690.
I. PLACE OF DEA	TH			Vhere deceased lived, if institution: I	Residence before admission
o COUNTY Washin			a. STATE	b. COUNTY	an and a sec
washin	gton	MARYLAND	Maryland		ington
b. CITY OR TOV	(N (If outside corporate limits, and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	tside carparate fimits, write RURAL a	and give neorest town)
Hagera		2 Davs	Rure 1 R	consboro Rfd. 1	21-1
	SPITAL OR INSTITUTION (If not i		d. STREET ADDRESS	DOMBOOLO MAGE T	e. IS RESID ON A FA
Washin	gton County Ho	spital	Benevol	<u>a</u>	YES
3. NAME OF	First	Middle	Lost	4. DATE Month	Doy Yes
DECEASED (Type or print)	Blanch	ne M.	Wyand	DEATH February	v 16. 19
S. SEX			8. DATE OF BIRTH	9 AGF (In years IF	UNDER 1 YEAR IF UNDER
				last pirthday) Mo	
Fema le	White	WIDOWED DIVORCED]	February 19,	1896 69 yrs. 1	onths Doys Hours
100. USUAL OCCUPA	TION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County)	& State, or foreign country)	12. CITIZEN OF WHAT
during most of wor	king life, even if retired)	INDUSTRY	Daniel Stan	an character 163	COUNTRY?
Housek		Own Home		rpsburg, Md.	U. S. A.
13. FATHER'S NAM			14. MOTHER'S MAIDEN N	IAME	
Albert	M. Wyand		Fannie Ma	y Burtner	
IS WAS DECEASED	EVER IN ILS ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unknow	vn) (If yes give war or dates of s	ervice)			
No.		Unknown M	rs. George Bo	owman, Waynesbor	
	F DEATH (Enter only one couse	per line for (a) (b), and (c).)	1 -	1 1	ONSET AND D
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	TOMPHICKE	PAROLO	Volle	ONSET THAT
45	DUE TO		11	./ .	1. 6
Conditions if	and which down >	2 00 0	- 0 M/m	the la an	2 mm
	dinte couse (a)		1 1 00	W Congel	p 11.02 (
	nderlying couse DUE TO		1/		
lost,) (c)				
PART II. OTHE	R SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUT
NO.				•	PERFORM YES -
3			4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		YES
20o. ACCIDENT OR CONTRIBU	WAS UNDERLYING TING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	. (Enter noture of injury in f	Part 1 or Part II of Item 18.)	
	TIFY MEDICAL EXAMINER)				
	INJURY Manth, Day, Year	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	20f. (City or town)	(County) (
Hou Hou	0.m.	While Not While for	ctary, street, office bldg, etc.)		
	p.m. 19	ot work LJ ot work LJ	111111	11 641	11
21. 1 c	ertify that (I) (this haspi	tall-attended the deceased from_			_, 1960, that (I) (
	e deceased olive an	1960, and the	at death accurred at,	I (M, from couses and	on the dote states
220. SIGNAT		10 1/11/200			226 DATE SIGNED
1	MIL	THE MITTING	I.D. PHYS.	MED. STAFF DIRECTOR PHYS.	12/1-6
no provide	AAU'C	INV Pro	22d. ADDRESS 2	DIRECTOR C PRIS C	10
22c. PHYSIC NAME (1.0/1000	ZZU. AUVILIA	ex som	8/11
TOPARIE (B 1/	LYUUT	1/4	LU MAUD QU	100
230. BURIAL, CREA	MATION, 23b. DATE THERE	EOF 23c. NAME OF CEMETERY OR	R CREMATORY	23d. LOCATION (City or Town)	(County) (S
REMOVAL (Sn	ecity)	66 17-:	4	Vandyr 11	363
Burial	2- 19-		netery Loca DECTO	Keedysville	TRAR'S SIGNATURE
24. FUNERAL DIR	ECTOR	ADDRESS		And And	
John H.	Bast. Jr. 112	N. Main S Boonsbo	DE ME B	21 1966 Actu	arley Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

* All and the second of the seco server and a place Tile to day an upon

hours after death. executed within 24

Fage 4 may be retained by the nospital of attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Realth prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	04343	OEKTII IOATI	- OI DEATH		1699A
1,	PLACE OF DEATH a. COUNTY		a. STATE	(Where deceased lived, If Instituti	
	D. CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (IF O	l utside corporate limits, write R	Washington URAL and give nearest town)
	Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in I	3days		oring Md.	21-1
			d. STREET ADDRESS	0,	6. IS RESIDENCE ON A FARM?
_	Washington County H		160 Mair		YES NO
3,	NAME OF First DECEASED (Type or print)	Middle Voc	Lest	4. DATE Month OF DEATH Feb	Day Year "
5.	SEX 6. COLOR OR RACE 7. MARRIED		A DATE OF BIRTH	19 ACF (In years LIFIL)	NDER 1 YEAR HE UNDER 24 HRS.
	windhier with the state of the	Att.	Dan 24 700	last birthday) Mon	ths Days Hours Min.
10:	JOB LOCCUPATION (GIVE Kind of work done 10b.	KIND OF BUSINESS OR	Dec. 21, 189		2. CITIZEN OF WHAT COUNTRY?
	House work Ho	me duties	Baltimore		U.S.A.
13	. FATHER'S NAME				
16	Michael OConner 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 1 17.	Cora Mull	Len	
(Y	es, no, or unkown) (If yes give war or dates of service)			7	Vid.
			John T. Yea	akle Clspg.	INTERVAL BETWEEN
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY:		"		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Rupture of the	ne Myocardiu	m	5 minutes
	4201 DUE TO M	vocardial infarc	tion		48 hours
	Conditions, if any, which } (b) IVI	Socurand Hirare	CIOIL		TO HOULS
	gave rise to immediate	onary artery at	herosclerosis	s, severe	unknown
NOI	gave rise to immediate cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIES	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DI		(1(a) 119. WAS AUTOPSY
CATION	gave rise to immediate cause (a), stating the underlying cause last.	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DI		
CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTED CONTRI	BUTING TO DEATH BUT NOT RELA ensive Heart Di	TED TO THE TERMINAL DI		19. WAS AUTOPSY PERFORMED?
	gave rise to immediate cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	SUTING TO DEATH BUT NOT RELA CENSIVE HEART DI DESCRIBE HOW INJURY OCCU	TED TO THE TERMINAL DI SCASC RRED. (Enter nature of I	SEASE CONDITION GIVEN IN PART Injury in Part I or Part II of Ite m, 20f. (City or town)	19. WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIE Diabetes MellitusHypert 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	BUTING TO DEATH BUT NOT RELA CENSIVE HEART DI DESCRIBE HOW INJURY OCCU INJURY OCCURRED 20e. PLAN FACTOR OF THE ACTOR OF TH	TED TO THE TERMINAL DI SEASE RRED. (Enter nature of l CE OF INJURY (Home, far ry, street, office bidg., etc.	SEASE CONDITION GIVEN IN PART injury in Part I or Part II of Ite m, 20f. (City or town)	19. WAS AUTOPSY PERFORMED? YES NO 18.) (County) (State)
	gave rise to immediate cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIED TO CORCURATE SIGNIFICANT CONDITIONS CONTRIED TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this hospital) attentions at the cause of the conditions of the conditions of the conditions of the cause of	ENTING TO DEATH BUT NOT RELATED TO SECRIBE HOW INJURY OCCURRED TO SECRIBE HOW INJURY OCCURRED TO SECRIFICATION OF THE SECRIFICATION OF	TED TO THE TERMINAL DI ISCASC RRED. (Enter nature of I CE OF INJURY (Home, far ry, street, office bldg., etc	sease condition given in Partificial injury in Partific of Item, 20f. (City or town)	m 18.) (County) (State)
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	gave rise to immediate cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIE Diabetes MellitusHypert 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this hospital) attentions aw the deceased alive on February 22a. Stenature	ENTING TO DEATH BUT NOT RELATED TO SECRIBE HOW INJURY OCCURRED TO SECRIBE HOW INJURY OCCURRED TO SECRIFICATION OF THE SECRIFICATION OF	TED TO THE TERMINAL DI SEASE RRED. (Enter nature of or	sease condition given in Part in of Ite injury in Part I or Part II of Ite m, 20f. (City or town) 66, teeb 16, 18, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	19. WAS AUTOPSY PERFORMED? YES NO
	gave rise to immediate cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIED Diabetes Mellitus Hypert 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this hospital) attents saw the deceased alive on February 22a. SHATURE	DESCRIBE HOW INJURY OCCURRED PLAN factor at work ded the deceased from F6	TED TO THE TERMINAL DI SCASC RRED. (Enter nature of l CE OF INJURY (Home, far ry, street, office bldg., etc.) DE 11, 16 death occurred 4:3 ATTENDING XX M PHYS. 122d. ADDRESS	sease condition given in Part in of Ite injury in Part I or Part II or Part II or Part II or Part II or Part I or Part II or Part I or Part II or Par	(County) (State) (County) (State) 1966 , that (I) (we) last on the date stated above. b. DATE SIGNED
	gave rise to immediate cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIED Diabetes Mellitus Hypert 20a. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 at word at word at the case of the cause of the case of	ENSIVE HEART DESCRIBE HOW INJURY OCCURRED PLAN factor at work 1966, and that	TED TO THE TERMINAL DI ISCASC RRED. (Enter nature of lace of injury (Home, far ry, street, office bidg., etc.) Deb II, 16 death occurred 4:3: ATTENDING XX M PHYS. XX M PHYS. Clear OR CREMATORY	SEASE CONDITION GIVEN IN PART Injury In Part I or Part II of Ite m, 20f. (City or town) 66, tFeb 16 5 PM, from the causes and ED. STAFF ERECTOR STAFF PHYS. F Spring, Maryland 23d. LOCATION (City, town)	m 18.) (County) (State) (County) (State) 1966 , that (I) (we) last on the date stated above. b. DATE SIGNED eb 18, 1966
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